

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001260

FILED
May 01, 2006
Secretary of State

Entity Name: EQUIFAX INFORMATION SERVICES LLC

Current Principal Place of Business:

1550 PEACHTREE STREET, N.W.
ATLANTA, GA 30309

New Principal Place of Business:

1550 PEACHTREE STREET, NW
ATLANTA, GA 30309

Current Mailing Address:

1550 PEACHTREE STREET, N.W.
ATLANTA, GA 30309

New Mailing Address:

1550 PEACHTREE STREET, NW
ATLANTA, GA 30309

FEI Number: 58-2631096 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GULLEY, DORRIS
Address: 1550 PEACHTREE STREET, N.W.
City-St-Zip: ATLANTA, GA 30309

Title: MGR () Delete
Name: ADAMS, DANN
Address: 1550 PEACHTREE STREET, N.W.
City-St-Zip: ATLANTA, GA 30309

Title: MGR () Delete
Name: MAST, KENT E
Address: 1550 PEACHTREE ST NW
City-St-Zip: ATLANTA, GA 30309

Title: MGRS () Delete
Name: HARRIS, KATHRYN J
Address: 1550 PEACHTREE ST NW
City-St-Zip: ATLANTA, GA 30309

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GULLEY, DORRIS
Address: 1550 PEACHTREE STREET, NW
City-St-Zip: ATLANTA, GA 30309

Title: MGR (X) Change () Addition
Name: ADAMS, DANN
Address: 1550 PEACHTREE STREET, NW
City-St-Zip: ATLANTA, GA 30309

Title: MGR (X) Change () Addition
Name: MAST, KENT E
Address: 1550 PEACHTREE STREET, NW
City-St-Zip: ATLANTA, GA 30309

Title: MGR (X) Change () Addition
Name: HARRIS, KATHRYN J
Address: 1550 PEACHTREE STREET, NW
City-St-Zip: ATLANTA, GA 30309

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KATHRYN J. HARRIS

MGR

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date