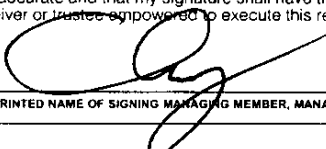


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90178 016 \*\*\*\*50.00

<b>DOCUMENT # M03000003499</b>			
1. Entity Name <b>EQUIFAX SETTLEMENT SERVICES LLC</b>			
Principal Place of Business 345 ROUSER ROAD, BLDG. NO. 5 CORAOPOLIS, PA 15108		Mailing Address 345 ROUSER ROAD, BLDG. NO. 5 CORAOPOLIS, PA 15108	
2. Principal Place of Business - No P.O. Box # <i>420 Rouser Road</i>		3. Mailing Address <i>420 Rouser Road</i>	
Suite, Apt. #, etc. <i>Bldg 3, 5th Floor</i>		Suite, Apt. #, etc. <i>Bldg 3, 5th Floor</i>	
City & State <i>Coraopolis, PA</i>		City & State <i>Coraopolis PA</i>	
Zip <i>15108</i>	Country <i>U.S.</i>	Zip <i>15108</i>	Country <i>U.S.</i>
4. FEI Number <b>57-1178045</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AZUR, FRANCIS H 345 ROUSER ROAD CORAOPOLIS, PA 15108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AZUR, CHRISTOPHER F 345 ROUSER ROAD CORAOPOLIS, PA 15108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHIRLEY, JULIE 1550 PEACHTREE STREET, N.W., #H-29 ATLANTA, GA 30309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FIONDELLA, LISA 1550 PEACHTREE STREET, N.W., #H-29 ATLANTA, GA 30309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Tom madison 1550 Peachtree Street, n.w. Atlanta, GA 30309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 		Date: <i>3/29/07</i>	Daytime Phone #: <i>888-852-5380</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			