


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91030 038 ***150.00

DOCUMENT # P00000021592
 1. Entity Name
 EQUIFAX EMARKETING SOLUTIONS, INC.



Principal Place of Business: 1550 PEACHTREE STREET, N.W. ATLANTA, GA 30309
 Mailing Address: P.O. BOX 4081 ATLANTA, GA 30302



04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1024199 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HEROMAN, DONALD T
STREET ADDRESS	1550 PEACHTREE STREET, N.W.
CITY-ST-ZIP	ATLANTA, GA 30309
TITLE	DV
NAME	MAST, KENT E
STREET ADDRESS	1550 PEACHTREE STREET, N.W.
CITY-ST-ZIP	ATLANTA, GA 30309
TITLE	PS
NAME	CHANDLER, JOHN T
STREET ADDRESS	1550 PEACHTREE STREET, N.W.
CITY-ST-ZIP	ATLANTA, GA 30309
TITLE	T
NAME	SCHIRK, MICHAEL G
STREET ADDRESS	1550 PEACHTREE STREET, N.W.
CITY-ST-ZIP	ATLANTA, GA 30309
TITLE	AS
NAME	HARRIS, KATHRYN J
STREET ADDRESS	1550 PEACHTREE STREET, N.W.
CITY-ST-ZIP	ATLANTA, GA 30309
TITLE	AT
NAME	GARRETT, MICHAEL S
STREET ADDRESS	1550 PEACHTREE STREET, N.W.
CITY-ST-ZIP	ATLANTA, GA 30309

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathryn J Harris DATE: _____ DAYTIME PHONE #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

I:\INCOME\Corporate Data\Equifax Emarketing Solutions.xls\Officers

Equifax Emarketing Solutions, Inc.
1550 Peachtree Street, N.W.
Atlanta, Georgia 30309

ATTACHMENT

44037313

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OFFICERS

TITLE/POSITION	NAME	RESIDENTIAL ADDRESS	BUSINESS ADDRESS
President	John T. Chandler	5358 Saffron Drive, Dunwoody, GA 30338	1550 Peachtree St., Atlanta, GA 30309
Vice President	Kent E. Mast	999 Yamato Road, Boca Raton, FL 33431	1550 Peachtree St., Atlanta, GA 30309
Secretary	John T. Chandler	5358 Saffron Drive, Dunwoody, GA 30338	1550 Peachtree St., Atlanta, GA 30309
Treasurer	Michael G. Schirk	1614 Alderbrook Road, Atlanta, Georgia	1550 Peachtree Street, Atlanta, GA 30309
Asst. Treasurer	Michael S. Garrett	8660 Hope Mews Court, Atlanta, GA 30350	1550 Peachtree Street, Atlanta, GA 30309
Asst. Secretary	Kathryn J. Harris	3325 Sleepy Lane, Smyrna, GA 30080	1550 Peachtree St., Atlanta, GA 30309

DIRECTORS

NAME	RESIDENTIAL ADDRESS
Kent E. Mast	4252 Wieuca Overlook, NE, Atlanta, GA 30342
	1550 Peachtree St., Atlanta, GA 30309