

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000001260

**Entity Name:** EQUIFAX INFORMATION SERVICES LLC**Current Principal Place of Business:**1550 PEACHTREE STREET, NW  
ATLANTA, GA 30309**Current Mailing Address:**1550 PEACHTREE STREET, NW  
ATLANTA, GA 30309**FEI Number: 58-2631096****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US*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**Authorized Person(s) Detail :**

Title MGR, PRESIDENT, SECRETARY  
Name STOCKARD, LISA  
Address 1550 PEACHTREE STREET, NW  
City-State-Zip: ATLANTA GA 30309

Title VICE PRESIDENT AND TREASURER  
Name BONFIELD, MICHAEL GABE  
Address 1550 PEACHTREE STREET, NW  
City-State-Zip: ATLANTA GA 30309

Title ASSISTANT TREASURER  
Name WOOD, A HAYS  
Address 1550 PEACHTREE STREET, NW  
City-State-Zip: ATLANTA GA 30309

Title VP  
Name HORNFECK, TRACI  
Address 1550 PEACHTREE STREET, NW  
City-State-Zip: ATLANTA GA 30309

Title ASST. SECRETARY  
Name DURON, SHERRI  
Address 1550 PEACHTREE STREET, NW  
City-State-Zip: ATLANTA GA 30309

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: A. HAYS WOOD****ASSISTANT TREASURER 03/20/2019**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date