

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 801728

Entity Name: EQUIFAX INC.

Current Principal Place of Business:

1550 PEACHTREE STREET NW
ATLANTA, GA 30309

Current Mailing Address:

1550 PEACHTREE STREET NW
ATLANTA, GA 30309 US

FEI Number: 58-0401110

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 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

Officer/Director Detail :

Title CEO, DIRECTOR
Name BEGOR, MARK W.
Address 1550 PEACHTREE STREET, NW
City-State-Zip: ATLANTA GA 30309

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

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

Title OFFICER
Name KELLEY, JOHN J
Address 1550 PEACHTREE STREET, N.W.
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR
Name SMITH, MELISSA D
Address 1550 PEACHTREE STREET NW
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR
Name MARCUS, ROBERT D
Address 1550 PEACHTREE STREET NW
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR
Name TILLMAN, AUDREY BOONE
Address 1550 PEACHTREE STREET NW
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR
Name HOUGH, G. THOMAS
Address 1550 PEACHTREE STREET NW
City-State-Zip: ATLANTA GA 30309

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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 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL GABE BONFIELD

TREASURER

02/06/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MCKINLEY, JOHN A.
Address 1550 PEACHTREE STREET NW
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR
Name FEIDLER, MARK L.
Address 1550 PEACHTREE STREET NW
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR
Name FICHUK, KAREN L.
Address 1550 PEACHTREE STREET NW
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR
Name MCGREGOR, SCOTT A.
Address 1550 PEACHTREE STREET NW
City-State-Zip: ATLANTA GA 30309