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Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 805551 (9)

1. Corporation Name
EQUIFAX CREDIT INFORMATION SERVICES, INC.

Principal Place of Business

1600 PEACHTREE STREET N.E.
BOX 4081
ATLANTA GA 30302

Mailing Address

1600 PEACHTREE STREET N.E.
BOX 4081
ATLANTA GA 30302-4081



3. Date Incorporated or Qualified 11/03/1942	3a. Date of Last Report 04/24/1996
4. FEI Number 58-0209400	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MAGIS, T H	
STREET ADDRESS	7235 DUNCOURTNEY DR	
CITY - ST - ZIP	SANDY SPGS GA	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	POST, D.A.	
STREET ADDRESS	450 ABBEYWOOD DRIVE	
CITY - ST - ZIP	ROSWELL GA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHAPMAN, T.F.	
STREET ADDRESS	315 SKYRIDGE DRIVE	
CITY - ST - ZIP	DUNWOODY GA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ZAKAS, MARIETTA E.	
STREET ADDRESS	3085 E PINE VALLEY ROAD	
CITY - ST - ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROGERS, C.B. JR.	
STREET ADDRESS	2680 PEACHTREE RD.	
CITY - ST - ZIP	ATLANTA GA	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	STAGMEIER, JOHN H.	
STREET ADDRESS	2170 NORTHFIELD CT	
CITY - ST - ZIP	MARIETTA GA	

1.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Philip J. Mazzilli	
1.3 STREET ADDRESS	11850 mtn. Laurel Dr.	
1.4 CITY - ST - ZIP	Roswell, Ga.	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Vice Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	2030 Brookwood Valley Cir. NE	
6.4 CITY - ST - ZIP	Atlanta, Ga. 30309	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John H. Stagmeier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/16/97 Daytime Phone: 404-885-8000

CR2E034 (9/96)

EQUIFAX CREDIT INFORMATION SERVICES, INC.

**1600 Peachtree Street, N.W.
Atlanta, Georgia 30309**

OFFICERS

TITLE/POSITION	NAME	RESIDENTIAL ADDRESS
CHAIRMAN	Clarence B. Rogers, Jr.	2660 Peachtree Road, Atlanta, GA 30305
VICE CHAIRMAN	Dan W. McGlaughlin	3430 Tuxedo Road, Atlanta, GA 30305
VICE CHAIRMAN	Thomas F. Chapman	315 Skyridge Drive, Dunwoody, GA 30350
PRESIDENT	John T. Rougeou	754 Dean Way, Lawrenceville, GA 30244
CHIEF FINANCIAL OFF.	David A. Post	450 Abbeywood Drive, Roswell, GA 30075
V.P./ASST. SECRETARY	Bruce S. Richards	190 Northland Ridge Trail, Atlanta, GA 30342
SECRETARY	Marietta E. Zakas	3085 E. Pine Valley Road, Atlanta, GA 30305
ASST. SECRETARY	Joan A. Martin	2224 Riada Drive, Atlanta, GA 30305
TREASURER	Phillip J. Mazzilli	11850 Mtn. Laurel Drive, Roswell, GA 30075
ASST. TREASURER	Michael G. Schirk	1614 Alderbrook Road, Atlanta, GA 30345
VICE PRESIDENT	William J. Cleary	4082 Penhurst Drive, Marietta, GA 30062
ASST. VICE PRESIDENT	John H. Stagmeier	2030 Brookwood Valley Cir., Atlanta, GA 30309

DIRECTORS

NAME	RESIDENTIAL ADDRESS
Clarence B. Rogers, Jr.	2660 Peachtree Road, Atlanta, GA 30305
Dan W. McGlaughlin	3430 Tuxedo Road, Atlanta, GA 30305
David A. Post	450 Abbeywood Drive, Roswell, GA 30075
Thomas F. Chapman	315 Skyridge Drive, Dunwoody, GA 30350

*****ALL OFFICERS AND DIRECTORS WERE ELECTED TO THEIR POSITIONS IN OCTOBER 1996*****