

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 805551 (9)  
1. Corporation Name  
EQUIFAX CREDIT INFORMATION SERVICES, INC.

Principal Place of Business 1800 PEACHTREE STREET N.E. BOX 4081 ATLANTA GA 30302	Mailing Address 1800 PEACHTREE STREET N.E. BOX 4081 ATLANTA GA 30302
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/03/1942	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	MAZZILLI, PHILIP	
STREET ADDRESS	11850 MTN. LAUREL DR.	
CITY-ST-ZIP	ROSWELL GA	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	POST, D.A.	
STREET ADDRESS	450 ABBEYWOOD DRIVE	
CITY-ST-ZIP	ROSWELL GA	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	CHAPMAN, T.F.	
STREET ADDRESS	315 SKYRIDGE DRIVE	
CITY-ST-ZIP	DUNWOODY GA	
TITLE	S	<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	2660 PEACHTREE RD.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	STAGMEIER, JOHN H.	
STREET ADDRESS	2030 BROOKWOOD VALLEY CIR. N.E.	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	78 Lindbergh Dr.
3.4 CITY-ST-ZIP	Atlanta, Ga 30305
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	365 Peachtree Battle Ave.
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: J.H. Stagmeier 4/9/98 404-885-8000

CR2E034 (10/97)

# **EQUIFAX CREDIT INFORMATION SERVICES, INC.**

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

## **OFFICERS**

<b>TITLE/POSITION</b>	<b>NAME</b>	<b>RESIDENTIAL ADDRESS</b>
<b>CHAIRMAN</b>	Clarence B. Rogers, Jr.	2660 Peachtree Road, Atlanta, GA 30305
<b>VICE CHAIRMAN</b>	Thomas F. Chapman	78 Lindbergh Dr., NE, Unit 60, The Parkside, Atlanta, GA 30305
<b>PRESIDENT</b>	James J. Allhusen	3402 Alexander Cir., Atlanta, GA 30326
<b>CHIEF FINANCIAL OFF.</b>	David A. Post	450 Abbeywood Drive, Roswell, GA 30075
<b>V.P./ASST. SECRETARY</b>	Bruce S. Richards	190 Northland Ridge Trail, Atlanta, GA 30342
<b>SECRETARY</b>	Marietta E. Zakas	365 Peachtree Battle Ave., Atlanta, GA 30305
<b>ASST. SECRETARY</b>	Joan A. Martin	2224 Riada Drive, Atlanta, GA 30305
<b>TREASURER</b>	Phillip J. Mazzilli	11850 Mtn. Laurel Drive, Roswell, GA 30075
<b>ASST. TREASURER</b>	Michael G. Schirk	1614 Alderbrook Road, Atlanta, GA 30345
<b>VICE PRESIDENT</b>	William J. Cleary	4032 Penhurst Drive, Marietta, GA 30062
<b>ASST. VICE PRESIDENT</b>	John H. Stagmeier	2030 Brookwood Valley Cir., Atlanta, GA 30309

## **DIRECTORS**

<b>NAME</b>	<b>RESIDENTIAL ADDRESS</b>
Clarence B. Rogers, Jr.	2660 Peachtree Road, Atlanta, GA 30305
David A. Post	450 Abbeywood Drive, Roswell, GA 30075
Thomas F. Chapman	78 Lindbergh Dr., NE, Unit 60, The Parkside, Atlanta, GA 30305

**\*\*\*ALL OFFICERS AND DIRECTORS WERE ELECTED TO THEIR POSITIONS IN OCTOBER 1997\*\*\***