

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 805551

1. Entity Name

EQUIFAX CREDIT INFORMATION SERVICES, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90022 048 ***150.00

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

1550 Peachtree St.

3. Mailing Address

P. O. Box 4081

Suite, Apt. #, etc.

H-46

Suite, Apt. #, etc.

H-46

City & State

Atlanta, GA

City & State

Atlanta, GA

Zip

30309

Country

USA

Zip

30302

Country

USA

4. FEI Number

58-0209400

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Delete
NAME	MAZZILLI, PHILIP	
STREET ADDRESS	1600 PEACHTREE ST	
CITY-ST-ZIP	ATLANTA GA 30309	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	POST, D.A.	
STREET ADDRESS	1600 PEACHTREE ST	
CITY-ST-ZIP	ATLANTA GA 30309	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ALLHUSEN, JAMES J	
STREET ADDRESS	1600 PEACHTREE ST	
CITY-ST-ZIP	ATLANTA GA 30309	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZAKAS, MARIETTA E.	
STREET ADDRESS	1600 PEACHTREE ST	
CITY-ST-ZIP	ATLANTA GA 30309	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POST, DAVID A	
STREET ADDRESS	1600 PEACHTREE ST	
CITY-ST-ZIP	ATLANTA GA 30309	
TITLE	AVP	<input checked="" type="checkbox"/> Delete
NAME	STAGMEIER, JOHN H.	
STREET ADDRESS	1600 PEACHTREE ST	
CITY-ST-ZIP	ATLANTA GA 30309	

TITLE	VP & CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1550 Peachtree St.	
CITY-ST-ZIP	Atlanta, GA 30309	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael G. Schirk	
STREET ADDRESS	1550 Peachtree St.	
CITY-ST-ZIP	Atlanta, GA 30309	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William V. Catucci	
STREET ADDRESS	1550 PeachtreeSt.	
CITY-ST-ZIP	Atlanta,GA 30309	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1550 Peachtree St.	
CITY-ST-ZIP	Atlanta, GA 30309	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William V. Catucci	
STREET ADDRESS	1550 Peachtree St.	
CITY-ST-ZIP	Atlanta, GA 30309	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary M. Wilbanks	
STREET ADDRESS	1550 PeachtreeSt.	
CITY-ST-ZIP	Atlanta, GA 30309	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gary M. Wilbanks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2000

404-885-8630

Date

Daytime Phone #

CR2E034 (9/99)

a.Hac
C0070203
805551

EQUIFAX CREDIT INFORMATION SERVICES, INC.

1550 Peachtree Street, N.W.
Atlanta, Georgia 30309

OFFICERS

TITLE/POSITION	NAME	BUSINESS ADDRESS
CHAIRMAN	Thomas F. Chapman	1550 Peachtree Street, Atlanta, GA 30309
PRESIDENT	William V. Catucci	1550 Peachtree Street, Atlanta, GA 30309
VICE PRESIDENT & CFO	Philip J. Mazzilli	1550 Peachtree Street, Atlanta, GA 30309
SR. VICE PRESIDENT	Michael S. Shannon	1550 Peachtree Street, Atlanta, GA 30309
V.P. & GEN'L COUNSEL	Bruce S. Richards	1550 Peachtree Street, Atlanta, GA 30309
SR. VICE PRESIDENT	Dorris S. Gulley	1550 Peachtree Street, Atlanta, GA 30309
SECRETARY	Marietta E. Zakas	1550 Peachtree Street, Atlanta, GA 30309
ASST. SECRETARY	Joan A. Martin	1550 Peachtree Street, Atlanta, GA 30309
TREASURER	Michael G. Schirk	1550 Peachtree Street, Atlanta, GA 30309
ASST. TREASURER	Renee D. Caldwell	1550 Peachtree Street, Atlanta, GA 30309
VICE PRESIDENT	William J. Cleary	1550 Peachtree Street, Atlanta, GA 30309
VICE PRESIDENT	Gary M. Wilbanks	1550 Peachtree Street, Atlanta, GA 30309

DIRECTORS

NAME	BUSINESS ADDRESS
William V. Catucci	1550 Peachtree Street, Atlanta, GA 30309
Philip J. Mazzilli	1550 Peachtree Street, Atlanta, GA 30309
Michael S. Shannon	1550 Peachtree Street, Atlanta, GA 30309
Dorris S. Gulley	1550 Peachtree Street, Atlanta, GA 30309

ALL OFFICERS AND DIRECTORS WERE ELECTED TO THEIR POSITIONS IN DECEMBER 1999