

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

pg 1 of 2

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 840273 (7)

1. Corporation Name
EQUIFAX PAYMENT SERVICES, INC.



Principal Place of Business 1600 PEACHTREE ST NW BOX 4081 ATLANTA GA 30302	Mailing Address 1600 PEACHTREE ST NW BOX 4081 ATLANTA GA 30302
--	--

3. Date Incorporated or Qualified 03/23/1978	3a. Date of Last Report 04/25/1995
4. FEI Number 95-2135728	Applied For <input type="checkbox"/> Applied For <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25 Country 30
--	---	--------------------------------

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	VC/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, T.F.	1.2 NAME	
STREET ADDRESS	315 SKYRIDGE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNWOODY GE	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYGOOD, RALPH F	2.2 NAME	MARIETTA E. ZAKAS
STREET ADDRESS	1490 DANSFORD CT.	2.3 STREET ADDRESS	3085 E PINE VALLEY ROAD
CITY-ST-ZIP	MARIETTA GA	2.4 CITY-ST-ZIP	ATLANTA, GA
TITLE	AV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAGMEIER, J H	3.2 NAME	
STREET ADDRESS	2170 NORTHFIELD CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGIS, T H	4.2 NAME	
STREET ADDRESS	7235 DUNCOURTNEY DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANDY SPRGS GA	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARDS, B S	5.2 NAME	
STREET ADDRESS	199 14TH ST #2302	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERS, C B J	6.2 NAME	
STREET ADDRESS	2660 PEACHTREE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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* **J.H. STAGMEIER** **4-15-96** **404-885-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

840273

pg 2 of 2

EQUIFAX PAYMENT 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, Georgia
VICE CHAIRMAN	Dan W. McGlaughlin	3430 Tuxedo Road, Atlanta, Georgia
VICE CHAIRMAN	Thomas F. Chapman	315 Skyridge Drive, Dunwoody, Georgia
SR VICE PRES.	Lee A. Kennedy	18009 Crawley Road, Odessa, Florida
PRESIDENT	Lee A. Kennedy	18009 Crawley Road, Odessa, Florida
CHIEF FINANCIAL OFF.	David A. Post	450 Abbeywood Drive, Roswell, Georgia
V.P./ASST. SECRETARY	Bruce S. Richards	199 14th Street, #2302, Atlanta, Georgia
SECRETARY	Thomas H. Magis	7235 Duncourtney Drive, Atlanta, Georgia
ASST. SECRETARY	Joan A. Martin	2224 Riada Drive, Atlanta, Georgia
TREASURER	Marietta E. Zakas	3085 E. Pine Valley Road, Atlanta, Georgia
ASST. TREASURER	Michael G. Schirk	1614 Alderbrook Road, Atlanta, Georgia

DIRECTORS

NAME	RESIDENTIAL ADDRESS
Clarence B. Rogers, Jr.	2660 Peachtree Road, Atlanta, Georgia
Dan W. McGlaughlin	3430 Tuxedo Road, Atlanta, Georgia
Donald U. Hallman	2244 Spencer's Way, Stone Mountain, Georgia
Thomas F. Chapman	315 Skyridge Drive, Dunwoody, Georgia

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