

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

FILED
Apr 28 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 # 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 30302-4081**

3. Date Incorporated or Qualified
03/23/1978

3a. Date of Last Report
04/25/1996

4. FEI Number
95-2135728

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Zip Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Zip Country

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

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input 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	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAKAS, MARIETTA E.	2.2 NAME	
STREET ADDRESS	3095 E PINE VALLEY ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	
TITLE	AV	3.1 TITLE	<input checked="" 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	4.1 TITLE	<input type="checkbox"/> Change <input checked="" 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	AS	5.1 TITLE	<input checked="" type="checkbox"/> Change <input 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	C	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, C B J	6.2 NAME	
STREET ADDRESS	2680 PEACHTREE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	6.4 CITY-ST-ZIP	

Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Assistant Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2030 Brockwood Valley Cir, NE Atlanta, Ga 30309	
Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Philip J. Mazzilli 11850 Mtn. Laurel Dr. Roswell, Ga.	
190 Northland Ridge Trail Atlanta, Ga. 30342	

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: *J.H. Starnmeier* **J.H. Starnmeier** 4/16/97 404-885-8000

CR2E034 (9/96)