

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

**FILED**  
**Apr 24 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 840273 (7)**  
 1. Corporation Name  
**EQUIFAX PAYMENT SERVICES, INC.**



Principal Place of Business <b>1600 PEACHTREE ST NW                  BOX 4081                  ATLANTA GA 30302</b>	Mailing Address <b>1600 PEACHTREE ST NW                  BOX 4081                  ATLANTA GA 30302</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/23/1978</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>95-2135728</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	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	

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.                  1201 HAYS STREET                  SUITE 105                  TALLAHASSEE FL 32301</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHAPMAN, T.F.</b>	1.2 NAME	
STREET ADDRESS	<b>315 SKYRIDGE DRIVE</b>	1.3 STREET ADDRESS	<b>78 Lindbergh Dr.</b>
CITY-ST-ZIP	<b>DUNWOODY GE</b>	1.4 CITY-ST-ZIP	<b>Atlanta, Ga. 30305</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZAKAS, MARIETTA E.</b>	2.2 NAME	
STREET ADDRESS	<b>3095 E PINE VALLEY ROAD</b>	2.3 STREET ADDRESS	<b>365 Peachtree Battle Ave.</b>
CITY-ST-ZIP	<b>ATLANTA GA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>AVP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STAGMEIER, J H</b>	3.2 NAME	
STREET ADDRESS	<b>2030 BROOKWOOD VALLEY CIRCLE NE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAZZILLI, PHILIP J</b>	4.2 NAME	
STREET ADDRESS	<b>11850 MTN LAUREL DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROSEWELL GA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHARDS, B S</b>	5.2 NAME	
STREET ADDRESS	<b>109 NORTHLAND RIDGE TRAIL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROGERS, C B J</b>	6.2 NAME	
STREET ADDRESS	<b>2680 PEACHTREE RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	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* **J.H. Stagmeier** **Walter 404 DRS 8000**

CR2E034 (10/97)

# **EQUIFAX PAYMENT 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, Georgia
<b>VICE CHAIRMAN</b>	Thomas F. Chapman	78 Lindbergh Dr., NE, Unit 60, Atlanta, GA
<b>PRESIDENT</b>	Lee A. Kennedy	18009 Crawley Road, Odessa, Florida
<b>CHIEF FINANCIAL OFF.</b>	David A. Post	450 Abbeywood Drive, Roswell, Georgia
<b>SR. V.P./GEN'L. COUNSEL</b>	Bruce S. Richards	190 Northland Ridge Trail, Atlanta, Georgia
<b>SECRETARY</b>	Marietta E. Zakas	365 Peachtree Battle Ave., Atlanta, Georgia
<b>ASST. SECRETARY</b>	Joan A. Martin	2224 Riada Drive, Atlanta, Georgia
<b>TREASURER</b>	Phillip J. Mazzilli	11850 Mtn. Laurel Drive, Roswell, Georgia
<b>ASST. TREASURER</b>	Michael G. Schirk	1614 Alderbrook Road, Atlanta, Georgia

## **DIRECTORS**

<b>NAME</b>	<b>RESIDENTIAL ADDRESS</b>
Clarence B. Rogers, Jr.	2660 Peachtree Road, Atlanta, Georgia
Thomas F. Chapman	78 Lindbergh Dr., NE, Unit 60, Atlanta, GA

**\*\*\*ALL OFFICERS AND DIRECTORS WERE ELECTED TO THEIR POSITIONS IN FEBRUARY 1998\*\*\***