

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

001255

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90146 018 \*\*\*150.00

**DOCUMENT # 840273**

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/23/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		95-2135728	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE	1.1 TITLE	Vice Chairman	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CHAPMAN, T.F.		1.2 NAME	1600 Peachtree Street			
STREET ADDRESS	78 LINDBERGH DR		1.3 STREET ADDRESS	Atlanta, GA 30309			
CITY-ST-ZIP	ATLANTA GA 30305		1.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ZAKAS, MARIETTA E.		2.2 NAME	1600 Peachtree Street			
STREET ADDRESS	365 PEACHTREE BATTLE AVE		2.3 STREET ADDRESS	Atlanta, GA 30309			
CITY-ST-ZIP	ATLANTA GA		2.4 CITY-ST-ZIP				
TITLE	AVP	<input type="checkbox"/> DELETE	3.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	STAGMEIER, J H		3.2 NAME	1600 Peachtree Street			
STREET ADDRESS	2030 BROOKWOOD VALLEY CIRCLE NE		3.3 STREET ADDRESS	Atlanta, GA 30309			
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MAZZILLI, PHILIP J		4.2 NAME	1600 Peachtree Street			
STREET ADDRESS	11850 MTN LAUREL DR		4.3 STREET ADDRESS	Atlanta, GA 30309			
CITY-ST-ZIP	ROSEWELL GA		4.4 CITY-ST-ZIP				
TITLE	SVP	<input type="checkbox"/> DELETE	5.1 TITLE	VP/General Counsel	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RICHARDS, B S		5.2 NAME				
STREET ADDRESS	109 NORTHLAND RIDGE TRAIL		5.3 STREET ADDRESS	1600 Peachtree Street			
CITY-ST-ZIP	ATLANTA GA		5.4 CITY-ST-ZIP	Atlanta, GA 30309			
TITLE	C	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROGERS, C B JR.		6.2 NAME	1600 Peachtree Street			
STREET ADDRESS	2660 PEACHTREE RD		6.3 STREET ADDRESS	Atlanta, GA 30309			
CITY-ST-ZIP	ATLANTA GA		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, with all other like empowered.

**SIGNATURE:** John H. Stagmeier 4/14/99 (404) 885-8789  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (11/98)