

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-24-2000 90022 047 ***150.00

DOCUMENT # 840273

1. Entity Name

EQUIFAX PAYMENT SERVICES, INC.

Principal Place of Business

Mailing Address

PEACHTREE ST NW
 4081
 GA 30302

1600 PEACHTREE ST NW
 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

4. FEI Number

95-2135728

Applied For

Not Applicable

Zip

30309

Country

USA

Zip

30302

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	CHAPMAN, T.F.	
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	AVP	<input checked="" type="checkbox"/> Delete
NAME	STAGMEIER, J H	
STREET ADDRESS	1600 PEACHTREE ST	
CITY-ST-ZIP	ATLANTA GA 30309	
TITLE	T	<input type="checkbox"/> Delete
NAME	MAZZILLI, PHILIP J	
STREET ADDRESS	1600 PEACHTREE ST	
CITY-ST-ZIP	ATLANTA GA 30309	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RICHARDS, B S	
STREET ADDRESS	1600 PEACHTREE STREET	
CITY-ST-ZIP	ATLANTA GA 30309	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, C B J	
STREET ADDRESS	1600 PEACHTREE ST	
CITY-ST-ZIP	ATLANTA GA 30309	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry J. Towe	
STREET ADDRESS	11601 Roosevelt Blvd.	
CITY-ST-ZIP	St. Petersburg, FL 33711	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1550 Peachtree St.	
CITY-ST-ZIP	Atlanta, GA 30309	
TITLE	Chairman/ Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lee A. Kennedy	
STREET ADDRESS	1550 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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1550 Peachtree St.	
CITY-ST-ZIP	Atlanta, GA 30309	
TITLE	Vice President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael E. Sax	
STREET ADDRESS	11601 Roosevelt Blvd.	
CITY-ST-ZIP	St. Petersburg, FL 33711	

CR2E034 (9/99)

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

4/11/2000
 Date

404-885-8630
 Daytime Phone #

Attach
COO 20204
840273

EQUIFAX PAYMENT SERVICES, INC.

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

OFFICERS

TITLE/POSITION	NAME	BUSINESS ADDRESS
CHAIRMAN	Lee A. Kennedy	1550 Peachtree St., Atlanta, GA 30309
PRESIDENT	Larry J. Towe	11601 Roosevelt Blvd., St. Petersburg, FL 33711
VICE PRESIDENT & CFO	Philip J. Mazzilli	1550 Peachtree St., Atlanta, GA 30309
V.P. & GEN'L. COUNSEL	Bruce S. Richards	1550 Peachtree St., Atlanta, GA 30309
VICE PRESIDENT	Michael E. Sax	11601 Roosevelt Blvd., St. Petersburg, FL 33711
SECRETARY	Marietta E. Zakas	1550 Peachtree St., Atlanta, GA 30309
ASST. SECRETARY	Joan A. Martin	1550 Peachtree St., Atlanta, GA 30309
TREASURER	Michael G. Schirk	1550 Peachtree St., Atlanta, GA 30309
ASST. TREASURER	Renee D. Caldwell	1550 Peachtree St., Atlanta, GA 30309
VICE PRESIDENT	William J. Cleary	1550 Peachtree St., Atlanta, GA 30309
VICE PRESIDENT	Gary M. Wilbanks	1550 Peachtree St., Atlanta, GA 30309

DIRECTORS

NAME	BUSINESS ADDRESS
Lee A. Kennedy	1550 Peachtree St., Atlanta, GA 30309
Michael E. Sax	11601 Roosevelt Blvd., St. Petersburg, FL 33711
Larry J. Towe	11601 Roosevelt Blvd., St. Petersburg, FL 33711

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