

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90200 017 ***550.00

DOCUMENT # F00000002610

1. Entity Name

EQUIFAX CITY DIRECTORY, INC.

Principal Place of Business

**1550 PEACHTREE STREET N.W.
 ATLANTA GA 30309**

Mailing Address

**1550 PEACHTREE STREET N.W.
 ATLANTA GA 30309**

B0132484



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2533305

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KENNEDY, LEE A 1550 PEACHTREE STREET N.W. ATLANTA GA 30309 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHANDLER, JOHN T 1550 PEACHTREE STREET N.W. ATLANTA GA 30309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAZZILLI, PHILIP J 1550 PEACHTREE STREET N.W. ATLANTA GA 30309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RICHARDS, BRUCE S 1550 PEACHTREE STREET N.W. ATLANTA GA 30309 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHIRK, MICHAEL G 1550 PEACHTREE STREET N.W. ATLANTA GA 30309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAST, KENT E 1550 PEACHTREE STREET ATLANTA GA 30309 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

CR2E034 (4/02)

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:

CHRISTY THOMAS 7/24/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EQUIFAX CITY DIRECTORY, INC.
 1550 Peachtree Street, N.W.
 Atlanta, Georgia 30309

Attachment
 Doc # F00000002610

OFFICERS

TITLE/POSITION	NAME	RESIDENTIAL ADDRESS	BUSINESS ADDRESS
PRESIDENT	John T. Chandler	5358 Saffron Drive, Dunwoody, Georgia 30338	1550 Peachtree Street, Atlanta, GA 30309
VICE PRESIDENT	Philip J. Mazzilli	11850 Mtn. Laurel Dr., Roswell, GA 30075	1550 Peachtree Street, Atlanta, GA 30309
VICE PRESIDENT	Christy Thomas	3038 Gant Quarters Circle, Marietta, GA 30068	1550 Peachtree Street, Atlanta, GA 30309
SECRETARY	Kent E. Mast	4252 Wieuca Overlook, NE, Atlanta, GA 30342	1550 Peachtree Street, Atlanta, GA 30309
TREASURER	Michael G. Schirk	1614 Alderbrook Road, Atlanta, Georgia 30345	1550 Peachtree Street, Atlanta, GA 30309

DIRECTORS

NAME	
John T. Chandler	1550 Peachtree Street, Atlanta, GA 30309
Philip J. Mazzilli	1550 Peachtree Street, Atlanta, GA 30309
Kent E. Mast	1550 Peachtree Street, Atlanta, GA 30309