

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90155 009 \*\*\*150.00

**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**

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHANDLER, JOHN T 1550 PEACHTREE STREET N.W. ATLANTA GA 30309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAZZILLI, PHILIP J 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	SD MAST, KENT E 1550 PEACHTREE STREET ATLANTA GA 30309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DONALD T. HEROMAN 1550 PEACHTREE ST. N.W. ATLANTA, GA 30309	<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	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Also See Attached	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *KATHRYN J HARRIS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*KATHRYN J HARRIS*

Date

Daytime Phone #

*2/26/03 (404) 885-8000*

CR2E034 (10/02)

Attachment

I:\INCOME\Corporate Data\Efx City Directory.xls\Officers

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

**OFFICERS**

TITLE/POSITION	NAME	RESIDENTIAL ADDRESS	BUSINESS ADDRESS
PRESIDENT	Donald T. Heroman	3490 Stratfield Drive, NE, Atlanta, GA 30317	1550 Peachtree Street, Atlanta, GA 30309
V.P., GEN'L COUNSEL & SEC'Y	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
ASST. SECRETARY	Kathryn J. Harris	3325 Sleepy Lane, Smyrna, GA 30080	1550 Peachtree Street, Atlanta, GA 30309
ASST. SECRETARY	Rosalind Z. Wiggins	P. O. Box 550434, Atlanta, GA 30355	1550 Peachtree Street, Atlanta, GA 30309
ASST. TREASURER	Michael S. Garrett	8660 Hope Mews Court, Atlanta, GA 30350	1550 Peachtree Street, Atlanta, GA 30309

**DIRECTORS**

NAME	
Donald T. Heroman	3490 Stratfield Drive, NE, Atlanta, GA 30317
Kent E. Mast	4252 Wieuca Overlook, NE, Atlanta, GA 30342
	1550 Peachtree Street, Atlanta, GA 30309
	1550 Peachtree Street, Atlanta, GA 30309