
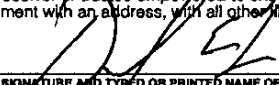


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90566 049 ***150.00

DOCUMENT # F00000006918 1. Entity Name CHOICEPOINT PUBLIC RECORDS INC.					
Principal Place of Business 1000 ALDERMAN DRIVE ALPHARETTA, GA 30005			Mailing Address 1000 ALDERMAN DRIVE ALPHARETTA, GA 30005		
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 58-2582498	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CEO SMITH, DEREK V 1000 ALDERMAN DR ALPHARETTA, GA 30005		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEJANES, J. MICHAEL 1000 ALDERMAN DRIVE ALPHARETTA, GA 30005		TITLE NAME STREET ADDRESS CITY-ST-ZIP	General Counsel, Director J. Michael de Janes 1000 Alderman Drive Alpharetta, GA 30005	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS YOUNG, MARY 1000 ALDERMAN DR ALPHARETTA, GA 30005		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary David W. Davis 1000 Alderman Drive Alpharetta, GA 30005	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TRINE, DAVID 1000 ALDERMAN DR ALPHARETTA, GA 30005		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOD CURLING, DOUGLAS 1000 ALDERMAN DR ALPHARETTA, GA 30005		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SURBAUGH, STEVEN 1000 ALDERMAN DR ALPHARETTA, GA 30005		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: 			David E. Trine Treasurer		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/20/05 Daytime Phone # 770752-4060		