

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90021 001 ***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

40102000



04112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2582498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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IN THIS SPACE**

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MCGUFFY, DONALD E
STREET ADDRESS 1000 ALDERMAN DR
CITY-ST-ZIP ALPHARETTA, GA 30005

TITLE CEO
NAME LEE, DAVID T
STREET ADDRESS 1000 ALDERMAN DRIVE
CITY-ST-ZIP ALPHARETTA, GA 30005

TITLE T
NAME MONGELLI, JOHN M
STREET ADDRESS 1000 ALDERMAN DR
CITY-ST-ZIP ALPHARETTA, GA 30005

TITLE CFO
NAME TRINE, DAVID
STREET ADDRESS 1000 ALDERMAN DR
CITY-ST-ZIP ALPHARETTA, GA 30005

TITLE S
NAME DAVIS, DAVID W
STREET ADDRESS 1000 ALDERMAN DR
CITY-ST-ZIP ALPHARETTA, GA 30005

TITLE EVP
NAME SURBAUGH, STEVEN
STREET ADDRESS 1000 ALDERMAN DR
CITY-ST-ZIP ALPHARETTA, GA 30005

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John M. Mongelli John Mongelli, 4/23/08