

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90026 022 ***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

4. FEI Number **58-2582498**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name
CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET
City
TALLAHASSEE FL Zip Code
32301

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.

Laura R. Dunlap
as its agent

SIGNATURE *Laura R. Dunlap*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/03

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 **POD** ☐ Delete
NAME **SMITH, DEREK V**
STREET ADDRESS **15420 NORTH VALLEYFIELD DR**
CITY-ST-ZIP **ALPHARETTA GA 30004**

TITLE **CEO/D** ☒ Change ☐ Addition
NAME **DEREK V. SMITH**
STREET ADDRESS **1000 ALDERMAN DRIVE**
CITY-ST-ZIP **ALPHARETTA, GA 30005**

TITLE **SD** ☐ Delete
NAME **DEJANES, J. MICHAEL**
STREET ADDRESS **1000 ALDERMAN DRIVE**
CITY-ST-ZIP **ALPHARETTA GA 30005**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **YOUNG, MARY**
STREET ADDRESS **1290 OLD WOODBINE RD**
CITY-ST-ZIP **ATLANTA GA 30319**

TITLE **AS** ☒ Change ☐ Addition
NAME **MARY YOUNG**
STREET ADDRESS **1000 ALDERMAN DRIVE**
CITY-ST-ZIP **ALPHARETTA, GA 30005**

TITLE **T** ☐ Delete
NAME **TRINE, DAVID E**
STREET ADDRESS **4326 CEDAR WOOD DR**
CITY-ST-ZIP **LILBURN GA 30047**

TITLE **T** ☒ Change ☐ Addition
NAME **DAVID TRINE**
STREET ADDRESS **1000 ALDERMAN DRIVE**
CITY-ST-ZIP **ALPHARETTA, GA 30005**

TITLE **COO** ☐ Delete
NAME **CURLING, DOUGLAS C**
STREET ADDRESS **990 LOG HOUSE CT**
CITY-ST-ZIP **ROSWELL GA 30075**

TITLE **PRESIDENT/COO/D** ☒ Change ☐ Addition
NAME **DOUGLAS C. CURLING**
STREET ADDRESS **1000 ALDERMAN DRIVE**
CITY-ST-ZIP **ALPHARETTA, GA 30005**

TITLE **CFO** ☐ Delete
NAME **WOOD, MICHAEL P**
STREET ADDRESS **120 BAY POINTE TERR**
CITY-ST-ZIP **ALPHARETTA GA 30005**

TITLE **CFO** ☒ Change ☐ Addition
NAME **STEVEN SURBAUGH**
STREET ADDRESS **1000 ALDERMAN DRIVE**
CITY-ST-ZIP **ALPHARETTA, GA 30005**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

Daytime Phone #

0623946 AT

CR2E034 (10/02)