
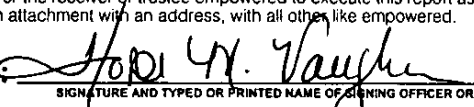


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90103 017 ***150.00

| | | | | | |
|--|---|---|---|---|--|
| DOCUMENT # F03000000768 1. Entity Name INFO1 CREDIT REPORTING, INC. | | | |  | |
| Principal Place of Business 6010 DAWSON BOULEVARD NORCROSS, GA 30339 | | | Mailing Address 101 GATEWAY CENTRE PARKWAY GATEWAY ONE RICHMOND, VA 23235 | | |
| 2. Principal Place of Business - No P.O. Box # 3 Concourse Pkwy. | | 3. Mailing Address 5600 Cox Road | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Atlanta, GA | | City & State Glen Allen, VA | | 4. FEI Number 33-1024378 | |
| Zip 30328 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | 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, 2007 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 | P <input type="checkbox"/> Delete GOINS, KENNETH M JR 6010 DAWSON BOULEVARD NORCROSS, GA 30339 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3 Concourse Parkway Atlanta, GA 30328 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete CHANDLER, JR., THEODORE L 101 GATEWAY CENTRE PARKWAY, GATEWAY ONE RICHMOND, VA 23235 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Albert V. Will 5600 Cox Road Glen Allen, VA 23060 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete EVANS, G. W 101 GATEWAY CENTRE PARKWAY, GATEWAY ONE RICHMOND, VA 23235 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5600 Cox Road Glen Allen, VA 23060 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete FOSTER, JR., CHARLES H 101 GATEWAY CENTRE PARKWAY, GATEWAY ONE RICHMOND, VA 23235 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Assistant Secretary Hope M. Vaughan 5600 Cox Road Glen Allen, VA 23060 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVPT <input type="checkbox"/> Delete RAMOS, RONALD B 101 GATEWAY CENTRE PARKWAY, GATEWAY ONE RICHMOND, VA 23235 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5600 Cox Road Glen Allen, VA 23060 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVPS <input type="checkbox"/> Delete WENGER, HOLLY H 101 GATEWAY CENTRE PARKWAY, GATEWAY ONE RICHMOND, VA 23235 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5600 Cox Road Glen Allen, VA 23060 | |
| 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:  | | | Hope M. Vaughan | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date 4-27-07 Daytime Phone # (804)267-8697 | | |