

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-02-2005 90564 034 ***150.00

DOCUMENT # F04000006343

1. Entity Name

CHOICEPOINT WORKPLACE SOLUTIONS INC.



Principal Place of Business

1000 ALDERMAN DRIVE
ALPHARETTA, GA 30005

Mailing Address

1000 ALDERMAN DRIVE
ALPHARETTA, GA 30005

DO NOT WRITE IN THIS SPACE



04042005 No Chg-P CR2E034 (10/03)

4. FEI Number

83-0408958

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 32301-2525

**DO NOT WRITE
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CPCE
SMITH, DEREK V
1000 ALDERMAN DRIVE
ALPHARETTA, GA 30005

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
COOD
CURLING, DOUGLAS C
1000 ALDERMAN DRIVE
ALPHARETTA, GA 30005

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
DOWD, TIMOTHY P
1000 ALDERMAN DRIVE
ALPHARETTA, GA 30005

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
GCD
DE JAMES, J. MICHAEL
1000 ALDERMAN DRIVE
ALPHARETTA, GA 30005

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CFO
SURBAUGH, STEVEN W
1000 ALDERMAN DRIVE
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 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

4/20/05

770 752-4060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #