

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90080 002 \*\*\*150.00

<b>DOCUMENT # F04000006343</b> 1. Entity Name <b>CHOICEPOINT WORKPLACE SOLUTIONS INC.</b>					
Principal Place of Business <b>1000 ALDERMAN DRIVE ALPHARETTA, GA 30005</b>			Mailing Address <b>1000 ALDERMAN DRIVE ALPHARETTA, GA 30005</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04172007    Chg-P    CR2E034 (12/06)	
4. FEI Number <b>83-0408958</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOP</b> <b>LEE, DAVID T</b> <b>1000 ALDERMAN DRIVE</b> <b>ALPHARETTA, GA 30005</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>David T. Lee</b> <b>1000 Alderman Drive</b> <b>Alpharetta, GA 30005</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>TRINE, DAVID E</b> <b>1000 ALDERMAN DRIVE</b> <b>ALPHARETTA, GA 30005</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EV</b> <b>LEE, DAVID T</b> <b>1000 ALDERMAN DRIVE</b> <b>ALPHARETTA, GA 30005</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>John M. Mongelli</b> <b>1000 Alderman Drive</b> <b>Alpharetta, GA 30005</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DAVIS, DAVID W</b> <b>1000 ALDERMAN DRIVE</b> <b>ALPHARETTA, GA 30005</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Bill Whitford</b> <b>1000 Alderman Drive</b> <b>Alpharetta, GA 30005</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GCD</b> <b>DE JANES, J. MICHAEL</b> <b>1000 ALDERMAN DRIVE</b> <b>ALPHARETTA, GA 30005</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP</b> <b>SURBAUGH, STEVEN W</b> <b>1000 ALDERMAN DRIVE</b> <b>ALPHARETTA, GA 30005</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP, CAO, Director</b> <b>Steven W. Surbaugh</b> <b>1000 Alderman Drive</b> <b>Alpharetta, GA 30005</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>John M. Mongelli</u> <u>4/20/07</u> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    (Date)    Daytime Phone #</small>					

40099849



ATTACHMENT

40099849

# F04000206343

**ChoicePoint WorkPlace Solutions Inc.**

Officers:

David T. Lee, Chief Executive Officer  
Bill Whitford, President  
Steven W. Surbaugh, EVP and Chief Administrative Officer  
David E. Trine, Chief Financial Officer  
Carol A. DiBattiste, General Counsel  
David W. Davis, Secretary  
John M. Mongelli, Treasurer  
Mary M. Young, Assistant Secretary

Business Address:

Directors:

Derek V. Smith, Chairman  
Douglas C. Curling  
Steven W. Surbaugh

1000 Alderman Dr., Alpharetta, GA 30005