


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90412 031 ***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		
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	04112008 Chg-P CR2E034 (12/06)	
4. FEI Number 83-0408958				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	CEO LEE, DAVID T 1000 ALDERMAN DRIVE ALPHARETTA, GA 30005	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	President Bill Whitford 1000 Alderman Drive Alpharetta, GA 30005
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CFO TRINE, DAVID E 1000 ALDERMAN DRIVE ALPHARETTA, GA 30005	<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	T MONGELLI, JOHN M 1000 ALDERMAN DR. ALPHARETTA, GA 30005	<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	S DAVIS, DAVID W 1000 ALDERMAN DRIVE ALPHARETTA, GA 30005	<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	EVPD SURBAUGH, STEVEN W 1000 ALDERMAN DRIVE ALPHARETTA, GA 30005	<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		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
		<input 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.					
SIGNATURE: <u>John Mongelli</u> <u>John M. Mongelli</u> <u>4/23/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

4008 7883

ChoicePoint WorkPlace Solutions Inc.

#F04000006343

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