


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J00123 (6) 1. Corporation Name CREDIT BUREAU OF TALLAHASSEE, INC.			
Principal Place of Business 150 JOHN KNOX RD. P.O. BOX 71 TALLAHASSEE FL 32303		Mailing Address 250 E TOWN ST COLUMBUS OH 43215 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 02/19/1986		4. FEI Number 59-2645657	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Name and Address of Current Registered Agent SARINEAU, SANDRA 150 JOHN KNOX RD. TALLAHASSEE FL 32303	
9. Name and Address of New Registered Agent 81 Name Kelly Richards 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		10. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Dirk M. Cantrell Dirk M. Cantrell, Treasurer 4/28/98 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	
11. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME DP PRICE, BENJAMIN STREET ADDRESS 250 E. TOWN STREET CITY-ST-ZIP COLUMBUS OH TITLE <input type="checkbox"/> DELETE NAME DC PRICE, WILLIAM H. STREET ADDRESS 250 E. TOWN STREET CITY-ST-ZIP COLUMBUS OH TITLE <input type="checkbox"/> DELETE NAME CANTRELL, DIRK STREET ADDRESS 250 E. TOWN STREET CITY-ST-ZIP COLUMBUS OH TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: **Dirk M. Cantrell** **Dirk M. Cantrell, Treasurer** **4/28/98**

CR2E034 (10/97)