FILED
May 25, 2004 8:00 am
Secretary of State

04-26-2004 90060 034 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000003008

1. Entity Name
EQUIFAX DIRECT MARKETING SOLUTIONS LLC

Principal Place of Business	Mailing Address
1550 PEACHTREE STREET N.W. ATLANTA, GA 30309	1550 PEACHTREE STREET N.W. ATLANTA, GA 30309

340097203

04192004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 58-2533301 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAST, KENT E 1550 PEACHTREE STREET N.W. ATLANTA, GA 30309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEROMAN, DONALD T 1550 PEACHTREE STREET N.W. ATLANTA, GA 30309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Kathryn J. Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

I:\INCOME\Corporate Data\[Efx Direct Mktg Solutions.xls]Officers

EQUIFAX DIRECT MARKETING SOLUTIONS LLC
1550 Peachtree Street, N.W.
Atlanta, Georgia 30309

OFFICERS

TITLE/POSITION	NAME	RESIDENTIAL ADDRESS	BUSINESS ADDRESS
PRESIDENT	Donald T. Heroman	3490 Stratfield Drive, NE, Atlanta, GA 30317	1550 Peachtree Street, Atlanta, GA 30309
VP & GENL. CNSL & SECTY	Kent E. Mast	4252 Wieuca Overlook, NE, Atlanta, GA 30342	1550 Peachtree Street, Atlanta, GA 30309
TREASURER	Michael G. Schirk	1614 Alderbrook Road, Atlanta, Georgia	1550 Peachtree Street, Atlanta, GA 30309
ASST. SECRETARY	Kathryn J. Harris	3325 Sleepy Lane, Smyrna, GA 30080	1550 Peachtree Street, Atlanta, GA 30309
ASST. SECRETARY	Rosalind Z. Wiggins	P. O. Box 550434, Atlanta, GA 30355	1550 Peachtree St., Atlanta, GA 30309
ASST. TREASURER	Michael S. Garrett	8660 Hope Mews Court, Atlanta, GA 30350	1550 Peachtree Street, Atlanta, GA 30309

DIRECTORS

NAME	RESIDENTIAL ADDRESS	
Donald T. Heroman	3490 Stratfield Drive, NE, Atlanta, GA 30317	1550 Peachtree Street, Atlanta, GA 30309
Kent E. Mast	4252 Wieuca Overlook, NE, Atlanta, GA 30342	1550 Peachtree Street, Atlanta, GA 30309

ATTACHMENT

M03000036008 3400179793