

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

05-02-2005 90107 026 ****50.00

DOCUMENT # M03000003008

1. Entity Name

EQUIFAX DIRECT MARKETING SOLUTIONS LLC



Principal Place of Business

1550 PEACHTREE STREET N.W.
ATLANTA GA 30309

Mailing Address

1550 PEACHTREE STREET N.W.
ATLANTA GA 30309

2. Principal Place of Business

Same

3. Mailing Address

Same

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

1st MOORE

CR2E083 (10/04)



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

n/a

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MAST, KENT E ☐ Delete
STREET ADDRESS 1550 PEACHTREE STREET N.W.
CITY-ST-ZIP ATLANTA GA 30309

TITLE MGR
NAME HEROMAN, DONALD T ☒ Delete
STREET ADDRESS 1550 PEACHTREE STREET N.W.
CITY-ST-ZIP ATLANTA GA 30309

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME Owen V. Flynn ☐ Change ☒ Addition
STREET ADDRESS 1550 PEACHTREE STREET NW
CITY-ST-ZIP ATLANTA, GA 30309

TITLE MGR / Asst Secretary
NAME Kathryn J. Harris ☐ Change ☒ Addition
STREET ADDRESS 1550 Peachtree St. NW
CITY-ST-ZIP Atlanta GA 30309

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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, KATHRYN J. HARRIS - Asst Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #