2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # M07000000595

1. Entity Name
CHOICEPOINT WORKPLACE SOLUTIONS OF MEMPHIS LLC

Principal Place of Business	Mailing Address
2600 THOUSAND OAKS BLVD., SUITE 3000 MEMPHIS, TN 38118	2600 THOUSAND OAKS BLVD., SUITE 3000 MEMPHIS, TN 38118

04112008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-2052061
☐ 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

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

000000927999
05/20/08-80113-012 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SMITH, DEREK V
STREET ADDRESS	1000 ALDERMAN DRIVE
CITY-ST-ZIP	ALPHARETTA, GA 30005
TITLE	MGR
NAME	CURLING, DOUGLAS C
STREET ADDRESS	1000 ALDERMAN DRIVE
CITY-ST-ZIP	ALPHARETTA, GA 30005
TITLE	MGR
NAME	SURBAUGH, STEVEN W
STREET ADDRESS	1000 ALDERMAN DRIVE
CITY-ST-ZIP	ALPHARETTA, GA 30005
TITLE	CEO
NAME	LEE, DAVID T
STREET ADDRESS	1000 ALDERMAN DRIVE
CITY-ST-ZIP	ALPHARETTA, GA 30005
TITLE	P
NAME	WHITFORD, BILL
STREET ADDRESS	1000 ALDERMAN DRIVE
CITY-ST-ZIP	ALPHARETTA, GA 30005
TITLE	CFO
NAME	TRINE, DAVID E
STREET ADDRESS	1000 ALDERMAN DRIVE
CITY-ST-ZIP	ALPHARETTA, GA 30005

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11. 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 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: _____ Steven Surbaugh 4/23/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #