Division of Corporations Public Access System

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To:

Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

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Fax Number

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REGISTERED AGENT CHANGE

CHOICEPOINT PRECISION MARKETING LLC

Certificate of Status	0
Certified Copy	1
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NOV 13 2008



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608,416 or 608,508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company:	CHOICEPOINT PRECISION MARTKETING	LLC
2. (a	Principal office address of limited liability (Note: MUST BE STREET ADDRESS	y company: 1000 Alderman Drive	. 0
		Alpharetta, GA 30005	. 5
(b	Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX)	any:	- -
	y 31, 2007	_ M07000000601	
3. Da	te of filing/registration in Florida	4. Document number	
5. (a	,	shown on the records of the Florida Dept. of State:	SECRE
	Registered Agent:	Corporation Service Company	
	Registered Office Address:	1201 Hays Street	
	•	Tallahassee, FL 32301	5
			TO COAP
(h)	Enter name of NEW Registered Agent ar	- 2/ NIBITY Year-4	- 0
(0)	***************************************		
	NEW Registered Agent:	C T Corporation System	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRE	1200 South Pine Island Road	, ×
		Plantation FL 33324	,
that all office hereby liabili limited	ther the change or changes are made, the Flo of the registered agent will be identical. Or confirmed that the change(s) was/were autry company or as otherwise provided in the illability company.	nder the laws of the State of Florida, it is hereby confir orida street address of the registered office and the busin r, in the case of a Florida limited liability company, it is thorized by an affirmative vote of the members of the li articles of organization or the operating agreement of the	ess
(Signati	te of a member or authorized representative of a member)		
(Printed	P. Simonton or typed name of signee)		
I here complian am fai F.S. C confirm (Signature)	by accept the appointment as registered ago with the provisions of all statutes relative miliar with and accept the obligations of my m, if this document is being filed to merely in that the limited liability company has been attended for Corporation System for of Registered Agent)	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my auties, to position as registered agent as provided for in Chapte reflect a change in the registered office address, I heret n notified in writing of this change.	and [r 608, by
42.00	·	P.O. Box 6327, Tallahassee, FL 32314	

FILING FEE: \$25.00

INHS18 (05/08)