

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000601

FILED
Apr 27, 2009
Secretary of State

Entity Name: CHOICEPOINT PRECISION MARKETING LLC

Current Principal Place of Business:

1000 ALDERMAN DRIVE DROP 17-N
ALPHARETTA, GA 30005

New Principal Place of Business:

Current Mailing Address:

1000 ALDERMAN DRIVE DROP 71N
ALPHARETTA, GA 30005

New Mailing Address:

2 NEWTON PLACE
SUITE 350
NEWTON, MA 02458

FEI Number: 81-0557279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SMITH, DEREK V
Address: 1000 ALDERMAN DRIVE
City-St-Zip: ALPHARETTA, GA 30005

Title: MGR () Delete
Name: CURLING, DOUGLAS C
Address: 1000 ALDERMAN DRIVE
City-St-Zip: ALPHARETTA, GA 30005

Title: MGR () Delete
Name: SURBAUGH, STEVEN W
Address: 1000 ALDERMAN DRIVE
City-St-Zip: ALPHARETTA, GA 30005

Title: CEO () Delete
Name: LEE, DAVID T
Address: 1000 ALDERMAN DRIVE
City-St-Zip: ALPHARETTA, GA 30005

Title: P (X) Delete
Name: HUDSON, SCOTT A
Address: 1000 ALDERMAN DRIVE
City-St-Zip: ALPHARETTA, GA 30005

Title: CFO (X) Delete
Name: TRINE, DAVID E
Address: 1000 ALDERMAN DRIVE
City-St-Zip: ALPHARETTA, GA 30005

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: PECK, JAMES M
Address: 6601 PARK OF COMMERCE BLVD.
City-St-Zip: BOCA RATON, FL 30487

Title: MGR (X) Change () Addition
Name: INIGUEZ, RUBI L
Address: 2 NEWTON PLACE - SUITE 350
City-St-Zip: NEWTON, MA 02458

Title: MGR (X) Change () Addition
Name: THOMPSON, II, KENNETH R
Address: 9443 SPRINGBORO PIKE
City-St-Zip: MIAMISBURG, OH 94253

Title: T (X) Change () Addition
Name: FOGARTY, KENNETH E
Address: 2 NEWTON PLACE - SUITE 350
City-St-Zip: NEWTON, MA 02458

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RUBI L. INIGUEZ

VP

04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date