


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED

03 DEC 23 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000021592	
1. Entity Name Equifax eMarketing Solutions, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1550 Peachtree Street, N.W.	3. Mailing Address P.O. Box 4081
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Atlanta, Georgia	City & State Atlanta, Georgia	4. FEI Number 65-1024199	Applied For <input type="checkbox"/> Not Applicable
Zip 30309	Country USA	Zip 30302	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)	
	1201 Hayes Street, Suite 105
City	Tallahassee FL
	Zip Code 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Donald T. Heroman 1550 Peachtree Street, N.W. Atlanta, GA 30309	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP Kent E. Mast 1550 Peachtree Street, N.W. Atlanta, GA 30309	TITLE NAME STREET ADDRESS CITY - ST - ZIP	0000025720570 12/23/03--01042--001 **\$61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/S John T. Chandler 1550 Peachtree Street, N.W. Atlanta, GA 30309	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Michael G. Schirk 1550 Peachtree Street, N.W. Atlanta, GA 30309	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS Kathryn J. Harris 1550 Peachtree Street, N.W. Atlanta, GA 30309	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT Michael S. Garrett 1550 Peachtree Street, N.W. Atlanta, GA 30309	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Kathryn J. Harris</i>	Kathryn J. Harris, Asst Sect	12/17/03	904-845-8412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CRZE034B (12/02)