

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90106 041 ***150.00

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1. Entity Name

EQUIFAX EMARKETING SOLUTIONS, INC.



Principal Place of Business

1550 PEACHTREE STREET, N.W.
ATLANTA GA 30309

Mailing Address

P.O. BOX 4081
ATLANTA GA 30302

2. Principal Place of Business

same

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1024199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)



6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE PS ☒ Delete
NAME CHANDLER, JOHN T
STREET ADDRESS 1550 PEACHTREE STREET, N.W.
CITY-ST-ZIP ATLANTA GA 30309

TITLE T ☐ Delete
NAME SCHIRK, MICHAEL G
STREET ADDRESS 1550 PEACHTREE STREET, N.W.
CITY-ST-ZIP ATLANTA GA 30309

TITLE AS ☐ Delete
NAME HARRIS, KATHRYN J
STREET ADDRESS 1550 PEACHTREE STREET, N.W.
CITY-ST-ZIP ATLANTA GA 30309

TITLE AT ☐ Delete
NAME GARRETT, MICHAEL S
STREET ADDRESS 1550 PEACHTREE STREET, N.W.
CITY-ST-ZIP ATLANTA GA 30309

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE *S* ☐ Change ☒ Addition
NAME *DEAN C. ARVIDSON*
STREET ADDRESS *1550 PEACHTREE STREET, NW*
CITY-ST-ZIP *ATLANTA, GA 30309*

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

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

TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathryn J. Harris, KATHRYN J. HARRIS, ASST. SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #