

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1-2

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P29551** (9)

1. Corporation Name

**EQUIFAX MARKETING DECISION SYSTEMS, INC.**



Principal Place of Business

**1600 PEACHTREE ST. NW  
ATLANTA GA 30309**

Mailing Address

**1600 PEACHTREE ST. NW  
ATLANTA GA 30309**

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>05/25/1990</b>  | 3a. Date of Last Report<br><b>04/25/1995</b> |
| 4. FEI Number<br><b>95-3362303</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| FL 85 Zip Code  |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                          |  |
|-----------------|--------------------------|--|
| TITLE           | CD                       | <input type="checkbox"/> DELETE            |
| NAME            | ROGERS, C.B. JR.         |  |
| STREET ADDRESS  | 2660 PEACHTREE RD., N.W. |  |
| CITY - ST - ZIP | ATLANTA GA               |  |
| TITLE           | VCD                      | <input checked="" type="checkbox"/> DELETE |
| NAME            | DAWSON, J.E.             |  |
| STREET ADDRESS  | 1600 PEACHTREE ST.       |  |
| CITY - ST - ZIP | ATLANTA GA               |  |
| TITLE           | P                        | <input checked="" type="checkbox"/> DELETE |
| NAME            | GORDON, T.G.             |  |
| STREET ADDRESS  | 989 POINTER RIDGE        |  |
| CITY - ST - ZIP | TUCKER GA                |  |
| TITLE           | AV                       | <input type="checkbox"/> DELETE            |
| NAME            | STAGMEIER, J.H.          |  |
| STREET ADDRESS  | 2170 NORTHFIELD CT       |  |
| CITY - ST - ZIP | MARIETTA GA              |  |
| TITLE           | SV                       | <input type="checkbox"/> DELETE            |
| NAME            | MAGIS, T.H.              |  |
| STREET ADDRESS  | 7235 DUNCOURTNEY DR.     |  |
| CITY - ST - ZIP | MARIETTA GA              |  |
| TITLE           | T                        | <input checked="" type="checkbox"/> DELETE |
| NAME            | HAYGOOD, RALPH           |  |
| STREET ADDRESS  | 1490 DANSFORD CT         |  |
| CITY - ST - ZIP | MARIETTA GA              |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |  |
|---------------------|--|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME            |  |
| 1.3 STREET ADDRESS  |  |
| 1.4 CITY - ST - ZIP |  |
| 2.1 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME            | VC/D   |
| 2.3 STREET ADDRESS  | DAN W. Mc GLAUGHUN   |
| 2.4 CITY - ST - ZIP | 3430 Tuxedo Road   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME            | Wendell S. NYE   |
| 3.3 STREET ADDRESS  | 2394 Newport Ave   |
| 3.4 CITY - ST - ZIP | CARDIFF, CA  |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |  |
| 4.3 STREET ADDRESS  |  |
| 4.4 CITY - ST - ZIP |  |
| 5.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            | S  |
| 5.3 STREET ADDRESS  |  |
| 5.4 CITY - ST - ZIP |  |
| 6.1 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME            | T  |
| 6.3 STREET ADDRESS  | MARIETTA E. ZAKAS  |
| 6.4 CITY - ST - ZIP | 3085 E. Pine Valley Road   |
|                     | ATLANTA, GA  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.H. STAGMEIER

4/15/96

404-885-8000

Daytime Phone #

CR2E034 (12/95)

# EQUIFAX MARKETING DECISION SYSTEMS, INC.

1600 Peachtree Street, N.W.  
Atlanta, Georgia 30309

## OFFICERS

| TITLE/POSITION       | NAME                    | RESIDENTIAL ADDRESS                        |
|----------------------|-------------------------|--|
| CHAIRMAN             | Clarence B. Rogers, Jr. | 2660 Peachtree Road, Atlanta, Georgia      |
| VICE CHAIRMAN        | Dan W. McGlaughlin      | 3430 Tuxedo Road, Atlanta, Georgia         |
| VICE CHAIRMAN        | Thomas F. Chapman       | 315 Skyridge Drive, Dunwoody, Georgia      |
| SR. VICE PRESIDENT   | John T. Rougeou         | 754 Dean Way, Lawrenceville, Georgia       |
| PRESIDENT            | Wendell S. Nye          | 2374 Newport Avenue, Cardiff, California   |
| CHIEF FINANCIAL OFF. | David A. Post           | 450 Abbeywood Drive, Roswell, Georgia      |
| V.P./ASST. SEC.      | Bruce S. Richards       | 199 14th Street, #2302, Atlanta, Georgia   |
| SECRETARY            | Thomas H. Magis         | 7235 Duncourtney Drive, Atlanta, Georgia   |
| ASST. SEC.           | Joan A. Martin          | 2224 Riada Drive, Atlanta, Georgia         |
| TREASURER            | Marletta E. Zakas       | 3085 E. Pine Valley Road, Atlanta, Georgia |
| ASST. TREASURER      | Michael G. Schirk       | 1614 Alderbrook Road, Atlanta, Georgia     |

## DIRECTORS

| NAME                    | RESIDENTIAL ADDRESS                         |
|-------------------------|---|
| Clarence B. Rogers, Jr. | 2660 Peachtree Road, Atlanta, Georgia       |
| Dan W. McGlaughlin      | 3430 Tuxedo Road, Atlanta, Georgia          |
| Donald U. Hallman       | 2244 Spencer's Way, Stone Mountain, Georgia |
| Thomas F. Chapman       | 315 Skyridge Drive, Dunwoody, Georgia       |

\*\*\*ALL OFFICERS AND DIRECTORS WERE ELECTED TO THEIR POSITIONS IN APRIL 1996\*\*\*