STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liability company
118887	EQUIFAX INFORMATION SERVICES, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
GEORGIA	CREDIT REPORTING SERVICES

5. Principal office address	City	State	Zip
1550 PEACHTREE ST, N.W.	ATLANTA	GA	30309

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
KATHRYN J. HARRIS	ASSISTANT SECRETARY

Street Address	City	State	Zip
1550 PEACHTREE ST, N.W.	ATLANTA	GA	30309

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
J. DANN ADAMS	1550 PEACHTREE ST, N.W.	ATLANTA	GA	30309
KENT E. MAST	1550 PEACHTREE ST, N.W.	ATLANTA	GA	30309
DORRIS S. GULLEY	1550 PEACHTREE ST, N.W.	ATLANTA	GA	30309

8. RESIDENT AGENT IN RHODE ISLAND -*DO NOT ALTER*- Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
CORPORATION SERVICE COMPANY	222 JEFFERSON BOULEVARD, SUITE 2000	WARWICK	02888

*This report must be **signed in ink** by an authorized person pursuant to 7-16-66.*

1 1 8 8 8 7

FILED
JAN 03 2006
By Emc
C86353

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Kathryn J. Harris 12/20/05
Signature of Authorized Person *Date*

KATHRYN J. HARRIS
Print or Type Name of Authorized Person

File Date
Check No.
By:
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liabilty company
118887	EQUIFAX INFORMATION SERVICES LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
GEORGIA	CREDIT REPORTING SERVICES

5. Principal office address	City	State	Zip
1550 PEACHTREE STREET NW	ATLANTA	GA	30309-

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
CLARENCE STOWE	

Street Address	City	State	Zip
1550 PEACHTREE STREET NW	ATLANTA	GA	30309-

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
DONALD T. HEROMAN	1550 PEACHTREE STREET NW	ATLANTA	GA	30309
DORRIS S. GULLEY	1550 PEACHTREE STREET NW	ATLANTA	GA	30309

8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
CORPORATION SERVICE COMPANY	222 JEFFERSON BOULEVARD, SUITE 200	WARWICK	02888-

This report must be signed in ink by an authorized person pursuant to 7-16-66.

1 1 8 8 8 7

118887 FLLC 10/26/04 01:22:31 PM
File Date 11/4/04
Check No. 391678 M 50074
By: tmc
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person — *Date* 10/27/04

KATHRYN J. HARRIS
Print or Type Name of Authorized Person

Form 632 Rev. 6/02

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liability company		
118887	EQUIFAX INFORMATION SERVICES LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
GEORGIA	CREDIT REPORTING SERVICES		
5. Principal office address	City	State	Zip
1550 PEACHTREE STREET NW	ATLANTA	GA	30309

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
DANIEL POWERS	TAX MANAGER		
Street Address	City	State	Zip
1550 PEACHTREE STREET NW	ATLANTA	GA	30309

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS - *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Manager Name
MARK E. MILLER	DORRIS S. GULLEY
Street Address	Street Address
1550 PEACHTREE STREET NW	1550 PEACHTREE STREET NW
City / State / Zip	City / State / Zip
ATLANTA / GA / 30309	ATLANTA / GA / 30309
Manager Name	Manager Name
DONALD T. HEROMAN	
Street Address	Street Address
1550 PEACHTREE STREET NW	
City / State / Zip	City / State / Zip
ATLANTA / GA / 30309	

8. RESIDENT AGENT IN RHODE ISLAND - *DO NOT ALTER* - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address
CORPORATION SERVICE COMPANY	170 WESTMINSTER STREET, SUITE 900
Address	City / Zip
	PROVIDENCE / 02903

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
OCT 30 12 18 PM '03

*This report must be **signed in ink** by an authorized person pursuant to 7-16-66.*

[redacted] [redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Carl Rojas 10/27/03
Signature of Authorized Person *Date*

Carl Rojas
Print or Type Name of Authorized Person

[redacted]

FILED
File Date
Check No. OCT 30 2003
By: By M10769
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02

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EQUIFAX INFORMATION SERVICES LLC
1550 Peachtree Street, N.W.
Atlanta, Georgia 30309

OFFICERS

TITLE/POSITION	NAME	RESIDENTIAL ADDRESS	BUSINESS ADDRESS
CHAIRMAN/PRESIDENT	Mark E. Miller	3280 Northside Drive, #502, Atlanta, GA 30327	1550 Peachtree Street, Atlanta, GA 30309
CVP & CFO	Donald T. Heroman	3490 Stratfield Drive, NE, Atlanta, GA 30317	1550 Peachtree St., Atlanta, GA 30309
VICE PRESIDENT	Paul J. Springman	3805 Redcoat Way, Alpharetta, Georgia 30202	1550 Peachtree Street, Atlanta, GA 30309
VICE PRESIDENT	Dorris S. Gulley	1567 Womack Rd., Dunwoody, GA 30338	1550 Peachtree Street, Atlanta, GA 30309
VP & GENL. CNSL. & SECTY	Kent E. Mast	4252 Wieuca Overlook, NE, Atlanta, GA 30342	1550 Peachtree Street, Atlanta, GA 30309
TREASURER	Michael G. Schirk	1614 Alderbrook Road, Atlanta, Georgia	1550 Peachtree Street, Atlanta, GA 30309
ASST. SECRETARY	Kathryn J. Harris	3325 Sleepy Lane, Smyrna, GA 30080	1550 Peachtree Street, Atlanta, GA 30309
ASST. SECRETARY	Rosalind Z. Wiggins	P. O. Box 550434, Atlanta, GA 30355	1550 Peachtree St., Atlanta, GA 30309
ASST. TREASURER	Michael S. Garrett	8660 Hope Mews Court, Atlanta, GA 30350	1550 Peachtree Street, Atlanta, GA 30309

MANAGERS

NAME	RESIDENTIAL ADDRESS	
Donald T. Heroman	3490 Stratfield Drive, NE, Atlanta, GA 30317	1550 Peachtree Street, Atlanta, GA 30309
Dorris S. Gulley	1567 Womack Rd., Dunwoody, GA 30338	1550 Peachtree Street, Atlanta, GA 30309
Mark E. Miller	3280 Northside Drive, #502, Atlanta, GA 30327	1550 Peachtree Street, Atlanta, GA 30309

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 ● *Filing Fee: $50.00*

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *118887*	2. Exact name of the limited liability company: EQUIFAX INFORMATION SERVICES LLC
3. State of Formation: GEORGIA	4. Brief description of the character of the business which is actually conducted in Rhode Island: Credit Reporting Services

5. Principal office address	City	State	Zip
1550 PEACHTREE STREET NW	ATLANTA	GA	30309-

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Daniel Powers	Tax Manager		
Street Address	**City**	**State**	**Zip**
1550 PEACHTREE STREET NW	ATLANTA	GA	30309-

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

Manager Name			Manager Name		
Philip J. Mazzilli			Dorris S. Gulley		
Street Address			Street Address		
1550 Peachtree street, N.W.			1550 Peachtree Street, N.W.		
City	State	Zip	City	State	Zip
Atlanta	GA	30309	Atlanta	GA	30309
Manager Name			Manager Name		
William V. Catucci					
Street Address			Street Address		
1550 Peachtree Street, N.W.					
City	State	Zip	City	State	Zip
Atlanta	GA	30309			

8. RESIDENT AGENT IN RHODE ISLAND *-DO NOT ALTER-* **Changes require filing of Form 642 - R.I.G.L. 7-16-11**

Agent Name	Address	
CORPORATION SERVICE COMPANY	170 WESTMINSTER STREET, SUITE 900	
Address	City	Zip
	PROVIDENCE	02903-

This report must be signed in ink by an authorized person pursuant to 7-16-66.

* 1 1 8 8 8 7 *

**118887* 10/28/02 ...
FILED
File Date NOV 01 2002
Check No. ...
By
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Kathryn J. Harris 10-29-02
Signature of Authorized Person Date

KATHRYN J. HARRIS, ASST. SECRETARY
Print or Type Name of Authorized Person

Form 632 Rev. 6/02