



1996 HAYS REPORT  
TALLAHASSEE, FL  
04-24-97  
04-24-97

604-142-8016

F96000004995

ACCOUNT NO. : 072100000032

REFERENCE : 096396 4304990

AUTHORIZATION :

COST LIMIT :

*Patricia P. Pugh*  
\$70.00

ORDER DATE : September 24, 1996

ORDER TIME : 10:43 AM

ORDER NO. : 096396

CUSTOMER NO: 4304990

CUSTOMER: Connie Golden, Legal Asst  
Ropes & Gray  
One International Place  
Boston, MA 02110

*W96-20384*

800001957738

FOREIGN FILINGS

NAME: EXPERIAN INFORMATION  
SOLUTIONS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Danny G. Smith

FILED  
96 SEP 26 AM 11:08  
RECEIVED  
96 SEP 26 AM 11:37  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

September 26, 1996

DANNY G. SMITH  
CSC NETWORKS

SUBJECT: EXPERIAN INFORMATION SOLUTIONS, INC.  
Ref. Number: W96000020384

**RESUBMIT**  
Please give original  
submission date as file date.

We have received your document(s) in this office, however, the document is being returned for the following:

*retained in our office*

The name you are requesting is unavailable, since it has been reserved by another individual. In order to use the name you must obtain their release. When the document is resubmitted, please return a copy of this letter to ensure proper handling.

If you have any questions about the availability of a particular corporate name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers  
Document Examiner

Letter Number: 596A00044342

RECEIVED  
96 SEP 30 AM 9:56  
DIVISION OF CORPORATION

SEP-27-90 FRI 13 27

P. 02

**CT CORPORATION SYSTEM**

49 Stevenson Blvd  
Suite 900  
San Francisco, CA 94108  
Tel. 415 847 1765  
Fax 415 227 0643

September 7, 1996

To: Secretary of State

Re: Name Reservation of Experian Information Solutions Inc.

Dear Ladies/Gentlemen,

The above corporate name was reserved with your office by CT Corporation System. CT Corporation System relinquishes all rights to the use of this name. Please consider this letter official notice of transfer of the above corporate name to Corporation Service Company.

Please do not hesitate to contact our office if further information is required; 800-227-4734.

Sincerely,

*Richard Votava*  
Richard Votava  
Customer Specialist  
CT Corporation System

**FILED**  
96 SEP 26 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:**

1. Exparian Information Solutions, Inc.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Ohio 3. 31-1343142  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/18/92 5. perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon filing  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))

7. 505 City Parkway West  
Orange, California 92668  
(Current mailing address)

8. To engage in any act or activity for which corporations may be formed  
under the General Corporation Laws of Florida.  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

**9. Name and street address of Florida registered agent:**

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida, 32301  
(Zip Code)

FILED  
96 SEP 26 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Corporation Service Company  
By: Cornel K. Dalin  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

See Exhibit A attached hereto

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
96 SEP 26 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

Thomas A. Gasparini  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application.)

14.

Thomas A. Gasparini, Vice President, Assistant Secretary  
(Typed or printed name and capacity of person signing application)

**EXHIBIT A  
OFFICERS AND DIRECTORS**

<b><u>NAME</u></b>	<b><u>TITLE</u></b>	<b><u>ADDRESS</u></b>
D. Van Skilling	President, CEO and Director	505 City Parkway West Orange, California 92668
Thomas M. Gaspirini	Vice President, Secretary & General Counsel	505 City Parkway West Orange, California 92668
Douglas C. Sturgess	Treasurer	505 City Parkway West Orange, California 92668
Mark E. Nunnally	Director	c/o Bain Capital Corp. 2 Copley Place, Boston, MA 02116
Anthony J. DiNovi	Director	c/o Thomas H. Lee 75 State Street Boston, MA 02109
Donald G. Kovar	Director	505 City Parkway West Orange, California 92668
Scott M. Sperling	Director	c/o Thomas H. Lee 75 State Street Boston, MA 02109
Robert F. White	Director	c/o Bain Capital Corp. 2 Copley Place Boston, MA 02116

**FILED**  
96 SEP 26 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA,  
STATE OF OHIO,  
OFFICE OF THE SECRETARY OF STATE.

}

*I, Bob Taft, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations and Miscellaneous filings; that said records show EXPERIAN INFORMATION SOLUTIONS, INC., an Ohio Corporation, Charter No. 812947, having its principal location in Cleveland, County of Cuyahoga, was incorporated on February 18, 1992, is currently in GOOD STANDING upon the records of this office.*



WITNESS my hand and official  
seal at Columbus, Ohio this  
17th Day of September, A.D. 1996

*Bob Taft*

Bob Taft  
Secretary of State

SECRETARY OF STATE  
BUREAU OF RECORDS  
96 SEP 26 AM 11:08

FILED

Document Number Only

F96000004995

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

100002222334-4  
-09/02/97--01067--012  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

RA  
Change

Expire Information Solutions, Inc.

- ☐ Profit  
☐ NonProfit  
☐ Limited Liability Co.  
☐ Foreign

- ☐ Amendment  
☐ Dissolution/Withdrawal  
☐ Annual Report  
☐ Reservation  
☐ Photo Copies

☐ Merger

☐ Mark

- ☐ Limited Partnership  
☐ Reinstatement

- ☐ Annual Report  
☐ Reservation

- ☐ Other  
☒ Change of R.A.  
☐ Fic. Name

☐ Certified Copy

☐ Photo Copies

☐ CUS

- ☐ Call When Ready  
☒ Walk In  
☐ Mail Out

☐ Call if Problem

- ☐ After 4:30  
☒ Pick Up

Name	9/2/97
Availability	
Document Examiner	Don
Updater	Don
Verifier	Don
Acknowledgment	Don
W.F. Verifier	Don

CR2E031 (1-89)

PLEASE RETURN EXTRA COPIES  
FILE STAMPED

THANKS, MELANIE

FILED  
97 SEP -2 11:35  
TALLAHASSEE, FL 32301  
RECEIVED  
97 SEP -2 11:37  
STATE  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301



Florida Department of State, Jim Smith, Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 807.0502, 817.0502, 807.1508, or 817.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Ohio submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: Experian Information Solutions, Inc.

1b. Date of incorporation 2/18/92 Document number 97 SEP - 2 PM 3:55

2. The name and address of the current registered agent and office:

Corporation Service Company (CSC)

1201 Hays St., Tallahassee, FL 32301

3. The name and address of the new registered agent and office:  
(P.O. Box Not Acceptable)

C T CORPORATION SYSTEM

c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida 33324

The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

X Thomas A. Gasparini  
SIGNATURE  
August 6, 1997  
DATE

Thomas A. Gasparini  
Typed or printed name and title  
Senior Vice President & Secretary

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE BY: Don Hickley  
(Registered Agent)

DATE Aug 29, 1997  
Don Hickley, Asst. Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-91)

(FLA. - 2194 - 3/4/92)

FILING FEE: \$35.00