

4-10-97 P 4333 C
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Apr 10 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F96000004995 (4)
 1. Corporation Name
 EXPERIAN INFORMATION SOLUTIONS, INC.



Principal Place of Business: 505 CITY PKWY W. ORANGE CA 92668
 Mailing Address: 505 CITY PKWY W. ORANGE CA 92668-2967

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

3. Date Incorporated or Qualified: 09/26/1996
 3a. Date of Last Report
 4. FEI Number: 31-1343192
 Applied For: Yes No
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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

12. OFFICERS AND DIRECTORS

TITLE	PDCE	<input type="checkbox"/> DELETE
NAME	SKILLING, D V	
STREET ADDRESS	505 CITY PKWY W.	
CITY-ST-ZIP	ORANGE CA 92668	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	GASPIRINI, THOMAS M	
STREET ADDRESS	505 CITY PKWY W.	
CITY-ST-ZIP	ORANGE CA 92668	
TITLE	T	<input type="checkbox"/> DELETE
NAME	STURGESS, DOUGLAS C	
STREET ADDRESS	505 CITY PKWY W.	
CITY-ST-ZIP	ORANGE CA 92668	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NUNNELLY, MARK E	
STREET ADDRESS	2 COPLEY PLACE	
CITY-ST-ZIP	BOSTON MA 02116	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DINOVI, ANTHONY J	
STREET ADDRESS	75 STATE ST.	
CITY-ST-ZIP	BOSTON MA 02116	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KOVAR, DONALD G	
STREET ADDRESS	505 CITY PKWY W.	
CITY-ST-ZIP	ORANGE CA 92668	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	92868
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gasparini, Thomas A
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	92868
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Controller Pollack, Michael
3.3 STREET ADDRESS	505 City Parkway West
3.4 CITY-ST-ZIP	Orange, CA 92868
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D Skilling, D. Van
4.3 STREET ADDRESS	505 City Parkway West
4.4 CITY-ST-ZIP	Orange, CA 92868
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Barnes, Eric M.
5.3 STREET ADDRESS	505 City Parkway West
5.4 CITY-ST-ZIP	Orange, CA 92868
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D Peace, John
6.3 STREET ADDRESS	505 City Parkway West
6.4 CITY-ST-ZIP	Orange, CA 92868

14. I do 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 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: Michael Pollack M. Pollack 3/31/97 (714) 385 5869
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)