

4-10-97 124333 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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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
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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 09/26/1996	3a. Date of Last Report
24		25		4. FEI Number 31-1343192	Applied For Not Applicable
29		30		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCE SKILLING, D V 505 CITY PKWY W. ORANGE CA 92668 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 92868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GASPIRINI, THOMAS M 505 CITY PKWY W. ORANGE CA 92668 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gasparini, Thomas A 92868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STURGESS, DOUGLAS C 505 CITY PKWY W. ORANGE CA 92668 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Controller Pollack, Michael 505 City Parkway West Orange, CA 92868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUNNELLY, MARK E 2 COPLEY PLACE BOSTON MA 02116 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Skilling, D. Van 505 City Parkway West Orange, CA 92868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINOVI, ANTHONY J 75 STATE ST. BOSTON MA 02116 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D Barnes, Eric M. 505 City Parkway West Orange, CA 92868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOVAR, DONALD G 505 CITY PKWY W. ORANGE CA 92668 <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D Peace, John 505 City Parkway West 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:  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)