

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/26/1996	
21	26	4. FEI Number 31-1343192		Applied For Not Applicable	
22 Suite, Apt #, etc.		27 Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	PDCE <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKILLING, D V	1.2 NAME	
STREET ADDRESS	505 CITY PKWY W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CA	1.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASPARINI, THOMAS A	2.2 NAME	
STREET ADDRESS	505 CITY PKWY W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CA	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURGESS, DOUGLAS C	3.2 NAME	<i>Treasurer</i>
STREET ADDRESS	505 CITY PKWY W.	3.3 STREET ADDRESS	<i>Mark Pepper</i>
CITY-ST-ZIP	ORANGE CA 92668	3.4 CITY-ST-ZIP	<i>505 City Parkway West</i>
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLACK, MICHAEL	4.2 NAME	
STREET ADDRESS	505 CITY PARKWAY WEST	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKILLING, D V	5.2 NAME	
STREET ADDRESS	505 CITY PARKWAY WEST	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CA	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, ERIC M	6.2 NAME	
STREET ADDRESS	505 CITY PARKWAY WEST	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CA	6.4 CITY-ST-ZIP	

14. I 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 J Pollack* **Michael J Pollack VPE/Controller 1/8/98** 714-385-7041

CR2E034 (10/97)