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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

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDCE
NAME SKILLING, D V
STREET ADDRESS 505 CITY PKWY W.
CITY-ST-ZIP ORANGE CA

TITLE VS
NAME GASPARINI, THOMAS A
STREET ADDRESS 505 CITY PKWY W.
CITY-ST-ZIP ORANGE CA

TITLE T
NAME STURGESS, DOUGLAS C
STREET ADDRESS 505 CITY PKWY W.
CITY-ST-ZIP ORANGE CA 92668

TITLE C
NAME POLLACK, MICHAEL
STREET ADDRESS 505 CITY PARKWAY WEST
CITY-ST-ZIP ORANGE CA

TITLE D
NAME SKILLING, D V
STREET ADDRESS 505 CITY PARKWAY WEST
CITY-ST-ZIP ORANGE CA

TITLE D
NAME BARNES, ERIC M
STREET ADDRESS 505 CITY PARKWAY WEST
CITY-ST-ZIP ORANGE CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Treasurer
Mark Pepper
505 City Parkway West
Orange, CA 92668

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 VP & Controller 1/8/98

714-
385-7041

CR2E034 (10/97)