


FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90053 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000004995

1. Corporation Name
EXPERIAN INFORMATION SOLUTIONS, INC.

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/26/1996

4. FEI Number **31-1343192** Applied For Not Applicable

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **505 City Parkway West** 28 **505 City Parkway West**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 **Orange, CA** 28 **Orange, CA**
 Zip Country Zip Country
 24 **92868** 25 **USA** 29 **92868** 30 **USA**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	GASPARINI, THOMAS A	
STREET ADDRESS	505 CITY PKWY W.	
CITY-ST-ZIP	ORANGE CA	
TITLE	TREA	<input type="checkbox"/> DELETE
NAME	PEPPER, MARK	
STREET ADDRESS	505 CITY PARKWAY WEST	
CITY-ST-ZIP	ORANGE CA 92868	
TITLE	C	<input type="checkbox"/> DELETE
NAME	POLLACK, MICHAEL	
STREET ADDRESS	505 CITY PARKWAY WEST	
CITY-ST-ZIP	ORANGE CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SKILLING, D V	
STREET ADDRESS	505 CITY PARKWAY WEST	
CITY-ST-ZIP	ORANGE CA	
TITLE	D	<input type="checkbox"/> DELETE
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(f), 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, with all other like empowered.

SIGNATURE: Michael Pollack **Michael Pollack - Controller** 1-15-99 714-385-7041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)