

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90540 020 ***150.00

0516116 AI

DOCUMENT # F96000004995

1. Entity Name

EXPERIAN INFORMATION SOLUTIONS, INC.

Principal Place of Business

~~505 CITY PKWY W.~~
~~ORANGE CA 92868~~
 US

Mailing Address

~~505 CITY PKWY W.~~
~~ORANGE CA 92868~~
 US

2. Principal Place of Business

475 Anton Blvd
 Suite, Apt. #, etc.

3. Mailing Address

475 Anton Blvd
 Suite, Apt. #, etc.

City & State

Costa Mesa, CA

City & State

Costa Mesa, CA

Zip **92626**

Country **US**

Zip **92626**

Country **US**

4. FEI Number

31-1343192

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature]

Assistant Treasurer

4/11/2002

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PDCE SKILLING, D V	505 CITY PKWY W.	ORANGE CA	<input checked="" type="checkbox"/> Delete
	VS GASPARINI, THOMAS A	505 CITY PKWY W.	ORANGE CA	<input type="checkbox"/> Delete
	TREA PEPPER MARK	505 CITY PARKWAY WEST	ORANGE CA 92868	<input type="checkbox"/> Delete
	C POLLACK, MICHAEL	505 CITY PARKWAY WEST	ORANGE CA	<input checked="" type="checkbox"/> Delete
	D SKILLING, D V	505 CITY PARKWAY WEST	ORANGE CA	<input checked="" type="checkbox"/> Delete
	D BARNES, ERIC M	505 CITY PARKWAY WEST	ORANGE CA	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
		475 Anton Blvd	Costa Mesa, CA 92626	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		475 Anton Blvd	Costa Mesa, CA 92626	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	VP and CFO	James J. Anttal	475 Anton Blvd	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	Director	John Peace	475 Anton Blvd	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	Director	Victor J. Barnett	475 Anton Blvd	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

4/16/2002

Date

714 830 7625

Daytime Phone #

CR2E034 (9/01)