

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90990 036 \*\*\*150.00



**DOCUMENT # F9600004995**  
 1. Entity Name  
**EXPERIAN INFORMATION SOLUTIONS, INC.**

Principal Place of Business 475 ANTON BLVD COSTA MESA CA 92626 US	Mailing Address 475 ANTON BLVD COSTA MESA CA 92626 US
----------------------------------------------------------------------------	----------------------------------------------------------------

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
-------------------------------------------------------	-------------------------------------------

City & State	City & State	4. FEI Number <b>31-1343192</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

**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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	EVP	<input type="checkbox"/> Delete
NAME	PEACE, JOHN	
STREET ADDRESS	475 ANTON BLVD	
CITY-ST-ZIP	COSTA MESA CA 92626	
TITLE	TREA	<input type="checkbox"/> Delete
NAME	PEPPER MARK	
STREET ADDRESS	475 ANTON BLVD	
CITY-ST-ZIP	COSTA MESA CA 92626	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GOFF, BRAD	
STREET ADDRESS	475 ANTON BLVD	
CITY-ST-ZIP	COSTA MESA CA 92626	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEACE, JOHN	
STREET ADDRESS	475 ANTON BLVD	
CITY-ST-ZIP	COSTA MESA CA 92626	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROOKS, PAUL	
STREET ADDRESS	475 ANTON BLVD	
CITY-ST-ZIP	COSTA MESA CA 92626	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERT, DON	
STREET ADDRESS	475 ANTON BLVD.	
CITY-ST-ZIP	COSTA MESA CA 92626	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

(714)830-7625

**SIGNATURE:** MARK PEPPER **MARK PEPPER Assistant Treasurer** **3/22/2004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #