

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004995

FILED  
Apr 09, 2008  
Secretary of State

Entity Name: EXPERIAN INFORMATION SOLUTIONS, INC.

## Current Principal Place of Business:

475 ANTON BLVD  
COSTA MESA, CA 92626 US

## New Principal Place of Business:

## Current Mailing Address:

475 ANTON BLVD  
COSTA MESA, CA 92626 US

## New Mailing Address:

FEI Number: 31-1343192      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CALLERO, CHRIS  
Address: 475 ANTON BLVD  
City-St-Zip: COSTA MESA, CA 92626

Title: TREA ( ) Delete  
Name: SCOTT WHEELER,  
Address: 475 ANTON BLVD  
City-St-Zip: COSTA MESA, CA 92626

Title: D ( ) Delete  
Name: NELSON, ROBERT  
Address: 475 ANTON BLVD  
City-St-Zip: COSTA MESA, CA 92626

Title: VP ( ) Delete  
Name: BROOKS, PAUL  
Address: 475 ANTON BLVD  
City-St-Zip: COSTA MESA, CA 92626

Title: C ( ) Delete  
Name: ROBERT, DON  
Address: 475 ANTON BLVD.  
City-St-Zip: COSTA MESA, CA 92626

Title: S ( ) Delete  
Name: LESLIE, SCOTT  
Address: 475 ANTON BLVD  
City-St-Zip: COSTA MESA, CA 92626

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT WHEELER

TREA

04/09/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date