

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004995

FILED
Mar 31, 2009
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

T

03/31/2009

Electronic Signature of Signing Officer or Director

_____ Date