

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000004995

**Entity Name:** EXPERIAN INFORMATION SOLUTIONS, INC.

**Current Principal Place of Business:**

475 ANTON BLVD  
COSTA MESA, CA 92626-7037

**Current Mailing Address:**

475 ANTON BLVD  
COSTA MESA, CA 92626-7037 US

**FEI Number: 31-1343192**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title D  
Name CALLERO, CHRIS  
Address 475 ANTON BLVD  
City-State-Zip: COSTA MESA CA 92626-7037

Title TREA  
Name WHEELER, SCOTT  
Address 475 ANTON BLVD  
City-State-Zip: COSTA MESA CA 92626-7037

Title D  
Name NELSON, ROBERT  
Address 475 ANTON BLVD  
City-State-Zip: COSTA MESA CA 92626-7037

Title VP  
Name REEVES, TONY  
Address 475 ANTON BLVD  
City-State-Zip: COSTA MESA CA 92626-7037

Title S  
Name LESLIE, SCOTT  
Address 475 ANTON BLVD  
City-State-Zip: COSTA MESA CA 92626-7037

Title PRES  
Name WILLIAMS, KERRY  
Address 475 ANTON BLVD.  
City-State-Zip: COSTA MESA CA 92626-7037

*I hereby 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 all other like empowered.*

**SIGNATURE: SCOTT WHEELER**

**TREASURER**

**04/16/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date