2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004995

Entity Name: EXPERIAN INFORMATION SOLUTIONS, INC.

Current Principal Place of Business:

475 ANTON BOULEVARD COSTA MESA CA 92626

Current Mailing Address:

475 ANTON BOULEVARD COSTA MESA CA 92626 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

FILED Apr 29, 2019

Secretary of State

3979851834CC

Officer/Director Detail:

Title SECRETARY Title TREASURER
Name ENGEL, JASON Name HERB, BRIAN

Address 475 ANTON BOULEVARD Address 475 ANTON BOULEVARD

City-State-Zip: COSTA MESA CA 92626 City-State-Zip: COSTA MESA CA 92626

Title DIRECTOR Title DIRECTOR

Name BOUNDY, CRAIG Name GIBSON, DARRYL

Address 475 ANTON BOULEVARD Address 475 ANTON BOULEVARD

City-State-Zip: COSTA MESA CA 92626 City-State-Zip: COSTA MESA CA 92626

Title DIRECTOR Title

Name WILLIAMS, KERRY Name REEVES, ANTONIO

Address 475 ANTON BOULEVARD Address 475 ANTON BOULEVARD

City-State-Zip: COSTA MESA CA 92626 City-State-Zip: COSTA MESA CA 92626

Title PRESIDENT

Name LINTNER, ALEXANDER
Address 475 ANTON BOULEVARD
City-State-Zip: COSTA MESA CA 92626

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: BRIAN HERB TREASURER 04/29/2019

Electronic Signature of Signing Officer/Director Detail

Date