

**2020 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

**Officer/Director Detail :**

Title SECRETARY  
Name ENGEL, JASON  
Address 475 ANTON BOULEVARD  
City-State-Zip: COSTA MESA CA 92626

Title ASST. TREASURER  
Name DAMAVANDI, MARYAM  
Address 475 ANTON BOULEVARD  
City-State-Zip: COSTA MESA CA 92626

Title DIRECTOR  
Name BOUNDY, CRAIG  
Address 475 ANTON BOULEVARD  
City-State-Zip: COSTA MESA CA 92626

Title DIRECTOR  
Name GIBSON, DARRYL  
Address 475 ANTON BOULEVARD  
City-State-Zip: COSTA MESA CA 92626

Title DIRECTOR  
Name WILLIAMS, KERRY  
Address 475 ANTON BOULEVARD  
City-State-Zip: COSTA MESA CA 92626

Title VP  
Name REEVES, ANTONIO  
Address 475 ANTON BOULEVARD  
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: MARYAM DAMAVANDI**

**ASSISTANT TREASURER 04/30/2020**

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

\_\_\_\_\_  
Date