FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 849562 (4)

1. Corporation Name
TRANSUNION CASULTY COMPANY

Principal Place of Business	Mailing Address
4333 EDGEWOOD ROAD NE ATTN: LAW DEPT. CEDAR RAPIDS IA 52402-6601	4333 EDGEWOOD ROAD NE ATTN: LAW DEPT. CEDAR RAPIDS IA 52402-6601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/29/1981
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 42-0893585 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA CAPITAL BLDG
TALLAHASSEE FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DSV	11 TITLE	☐ Change ☐ Addition
NAME	FALCONIO, PATRICK E.	12 NAME	
STREET ADDRESS	4333 EDGEWOOD RD N.E.	13 STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS IA	14 CITY-ST-ZIP	
TITLE	DVP	21 TITLE	☐ Change ☐ Addition
NAME	BAIRD, PATRICK S.	22 NAME	
STREET ADDRESS	4333 EDGEWOOD RD., NE	23 STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS IA	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	KOLSRUD, DOUGLAS C.	32 NAME	
STREET ADDRESS	4333 EDGEWOOD RD N.E.	33 STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS IA	34 CITY-ST-ZIP	
TITLE	DSV	41 TITLE	☐ Change ☐ Addition
NAME	MOSHER, RONALD F.	42 NAME	
STREET ADDRESS	4333 EDGEWOOD RD N.E.	43 STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS IA	44 CITY-ST-ZIP	
TITLE	DP	51 TITLE	☐ Change ☐ Addition
NAME	BROWN, LARRY G.	52 NAME	
STREET ADDRESS	4333 EDGEWOOD RD N.E.	53 STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS IA	54 CITY-ST-ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	VERMIE, CRAIG D.	62 NAME	
STREET ADDRESS	4333 EDGEWOOD RD N.E.	63 STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS IA	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/25/95 (319)398-8511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Craig D. Vermie, Secretary

0477552 FP