

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90010 042 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                     |                     |                                                                                                                        |                                                                                                                                                                         |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # F03000000510</b><br>1. Entity Name<br><b>TRANS UNION SETTLEMENT SOLUTIONS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                     |                     |                                                                                                                        |                                                                                        |  |
| Principal Place of Business<br><b>5300 BRANDYWINE TOWN CENTER<br/>SUITE 100<br/>WILMINGTON, DE 19803</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                     |                     | Mailing Address<br><b>5300 BRANDYWINE TOWN CENTER<br/>SUITE 100<br/>WILMINGTON, DE 19803</b>                           |                                                                                                                                                                         |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                     | 3. Mailing Address  |                                                                                                                        |                                                                                                                                                                         |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                     | Suite, Apt. #, etc. |                                                                                                                        |                                                                                                                                                                         |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                     | City & State        |                                                                                                                        |                                                                                                                                                                         |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                     | Country             |                                                                                                                        | Zip                                                                                                                                                                     |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                     | Country             |                                                                                                                        | 4. FEI Number<br><b>54-2061445</b>                                                                                                                                      |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                     |                     |                                                                                                                        | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                  |  |
| 6. Name and Address of Current Registered Agent<br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301-2525</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                     |                     |                                                                                                                        |                                                                                                                                                                         |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     |                     |                                                                                                                        |                                                                                                                                                                         |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)<br>Signature, typed or printed name of registered agent and title if applicable. DATE _____                                                                                                                                                                                                                                     |                                                                                                                     |                     |                                                                                                                        |                                                                                                                                                                         |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                     |                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                         |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                     |                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                           |                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>GAMBILL, HARRY C <input type="checkbox"/> Delete<br>555 WEST ADAMS STREET<br>CHICAGO, IL 60661                |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>Lynch, Richard C<br>5300 Brandywine Pkwy, Ste 100<br>Wilmington, DE 19803             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VTD <input type="checkbox"/> Delete<br>GLUTH, ROBERT C<br>225 W. WASHINGTON STREET, 19TH FLOOR<br>CHICAGO, IL 60606 |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Lorch, Robert K<br>225 W. Washington Street, 19th Floor<br>Chicago, IL 60606          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | V <input type="checkbox"/> Delete<br>LYNCH, RICHARD C<br>225 W. WASHINGTON STREET, 19TH FLOOR<br>CHICAGO, IL 60606  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Oxley, Gregory K<br>1 Fountain Square, 11910 Freedom Dr., Ste 260<br>Reston, VA 20190 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | V <input type="checkbox"/> Delete<br>EMERY, DAVID M<br>555 WEST ADAMS STREET<br>CHICAGO, IL 60661                   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Dealy, Michael F<br>5300 Brandywine Pkwy, Ste 100<br>Wilmington, DE 19803             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S <input type="checkbox"/> Delete<br>WEBB, ROBERT W<br>225 WEST WASHINGTON STREET, 19TH FLOOR<br>CHICAGO, IL 60606  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Sullivan, William J<br>5300 Brandywine Pkwy, Ste 100<br>Wilmington, DE 19803          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                     |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                                     |                     |                                                                                                                        |                                                                                                                                                                         |  |
| <b>SIGNATURE: <i>DAVID M. EMERY</i> V.P. 1/19/04 312-258-1717</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                     |                     |                                                                                                                        |                                                                                                                                                                         |  |