



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90282 044 ***150.00

DOCUMENT # F03000005542 1. Entity Name EXPERIAN MARKETING SOLUTIONS, INC.					
Principal Place of Business 955 AMERICAN LANE SCHAUMBURG, IL 60173-4998			Mailing Address 475 ANTON BLVD. COSTA MESA, CA 92626-7036		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 13-3015410			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required.		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C. PEACE, JOHN <input checked="" type="checkbox"/> Delete 475 ANTON BLVD. COSTA MESA, CA 92626		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Deborah Zuccarini <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 475 Anton Blvd Costa Mesa, CA 92626	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, MARGARET B <input checked="" type="checkbox"/> Delete 475 ANTON BLVD. COSTA MESA, CA 92626		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Don Robert <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 475 Anton Blvd Costa Mesa, CA 92626	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, PAUL <input checked="" type="checkbox"/> Delete 475 ANTON BLVD. COSTA MESA, CA 92626		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Paul Brooks <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 475 Anton Blvd. Costa Mesa, CA 92626	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOFF, BRAD <input checked="" type="checkbox"/> Delete 475 ANTON BLVD. COSTA MESA, CA 92626		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Scott Leslie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 475 Anton Blvd. Costa Mesa, CA 92626	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ENGEL, JASON O <input checked="" type="checkbox"/> Delete 475 ANTON BLVD. COSTA MESA, CA 92626		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Mark Pepper <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 475 Anton Blvd Costa Mesa, CA 92626	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STURGESS, DOUGLAS C <input checked="" type="checkbox"/> Delete 475 ANTON BLVD. COSTA MESA, CA 92626				
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.					
SIGNATURE:  Mark Pepper 4/7/05 714-830-5009 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					