

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 18, 2011
Secretary of State

Entity Name: EXPERIAN MARKETING SOLUTIONS, INC.

Current Principal Place of Business:

475 ANTON BLVD.
COSTA MESA, CA 92626

New Principal Place of Business:

475 ANTON BLVD.
COSTA MESA, CA 926267037 US

Current Mailing Address:

475 ANTON BLVD.
COSTA MESA, CA 926267036

New Mailing Address:

475 ANTON BLVD.
COSTA MESA, CA 926267037 US

FEI Number: 13-3015410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: NELSON, ROBERT
Address: 475 ANTON BLVD
City-St-Zip: COSTA MESA, CA 926267037 US

Title: D/T
Name: WHEELER, SCOTT TREAS.
Address: 475 ANTON BLVD.
City-St-Zip: COSTA MESA, CA 926267037 US

Title: D
Name: CALLERO, CHRIS
Address: 475 ANTON BLVD.
City-St-Zip: COSTA MESA, CA 926267037 US

Title: S
Name: LESLIE, SCOTT
Address: 475 ANTON BLVD.
City-St-Zip: COSTA MESA, CA 926267037 US

Title: T
Name: WHEELER, SCOTT
Address: 475 ANTON BLVD.
City-St-Zip: COSTA MESA, CA 926267037 US

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: SCOTT WHEELER

TREA

04/18/2011

Electronic Signature of Signing Officer or Director

Date