

**F030000055412**

Florida Department of State  
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From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
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**FOREIGN PROFIT QUALIFICATION**

**Experian Marketing Solutions, Inc.**

Certificate of Status	0
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11-6-03

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

1. EXPERIAN MARKETING SOLUTIONS, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE 3. 13-3015410  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. NOVEMBER 29, 1979 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. upon quali Section  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 955 AMERICAN LANE, SCHAUMBURG, IL 60173-4998  
(Principal office address)

475 ANTON BLVD., COSTA MESA, CA 92626-7036  
(Current mailing address)

8. DIRECT MARKETING SERVICES  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: C T CORPORATION SYSTEM

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Carmen Aguirre  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: JOHN PEACE

Address: 475 Anton Blvd

Costa Mesa, CA 92626

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: MARGARET B. SMITH

Address: 475 Anton Blvd

Costa Mesa, CA 92626

Director: PAUL BROOKS

Address: 475 Anton Blvd

Costa Mesa, CA 92626

**B. OFFICERS**

President: TO BE DETERMINED

Address: 475 Anton Blvd

Costa Mesa, CA 92626

Vice President: BRAD GOFF

Address: 475 Anton Blvd

Costa Mesa, CA 92626

Secretary: JASON O. ENGEL

Address: 475 Anton Blvd., Costa Mesa, CA 92626

Treasurer: DOUGLAS C. STURGESS

Address: 475 Anton Blvd., Costa Mesa, CA 92626

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. Douglas C. Sturgess / Treasurer  
(Typed or printed name and capacity of person signing application)

Experian Marketing Solutions, Inc.

**Addendum**

**12. Names and Business Addresses of Officers:**

B. Additional officers for the Corporation are

Assistant Treasurer    Mark Pepper  
475 Anton Boulevard, Costa Mesa CA 92626

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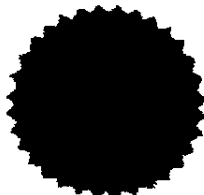
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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EXPERIAN MARKETING SOLUTIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF NOVEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

0882940 8300

AUTHENTICATION: 2732536

030711695

DATE: 11-05-03