

F13000005341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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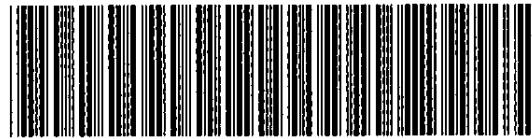
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
DEPARTMENT OF STATE  
CORPORATE REGISTRATION  
2019 DEC 12 AM 10:46  
TALLAHASSEE FLORIDA  
10:46 AM  
FILING OFFICE

FILED  
2019 DEC 12 AM 7:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 918762 4383894

AUTHORIZATION :

COST LIMIT : \$ 78,75

ORDER DATE : December 11, 2013

ORDER TIME : 4:55 PM

ORDER NO. : 918762-005

CUSTOMER NO: 4383894

FOREIGN FILINGS

NAME: TRANSUNION RISK AND  
ALTERNATIVE DATA SOLUTIONS,  
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX\_\_\_\_\_ CERTIFIED COPY

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: \_\_\_\_\_

FILED  
13 DEC 12 AM 7:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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. TransUnion Risk and Alternative Data 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. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 11, 2013 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 555 West Adams Street, Chicago, Illinois 60661  
(Principal office address)  
555 West Adams Street, Chicago, Illinois 60661  
(Current mailing address)

8. Any lawful purpose  
(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 NOT acceptable)

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee , Florida 32301  
(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 of 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.*

Corporation Service Company

By:   
(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.

11:50  
13 DEC 12 AM 7:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

**A. DIRECTORS**

Chairman: PLEASE SEE ATTACHED SCHEDULE

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

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

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: \_\_\_\_\_

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

Vice President: \_\_\_\_\_

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

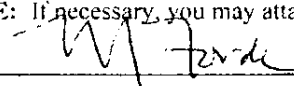
Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

13.  \_\_\_\_\_  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Michael J. Forde, Vice President, Secretary \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

12. Names and business addresses of officers and/or directors  
– TransUnion Risk and Alternative Data Solutions, Inc.

<u>Name</u>	<u>Title</u>	<u>Business Address</u>
James M. Peck	Director President	555 West Adams Street Chicago, Illinois 60661
Samuel A. Hamood	Director Executive Vice President, Chief Financial Officer	555 West Adams Street Chicago, Illinois 60661
John W. Blenke	Director Executive Vice President, Corporate General Counsel and Assistant Secretary	555 West Adams Street Chicago, Illinois 60661
Gordon E. Schaechterle	Senior Vice President, Chief Accounting Officer	555 West Adams Street Chicago, Illinois 60661
Michael J. Forde	Vice President, Secretary	555 West Adams Street Chicago, Illinois 60661
Vincent A. Inendino	Vice President – Tax	555 West Adams Street Chicago, Illinois 60661
David D. McCrary	Vice president – Corporate Finance and Treasurer	555 West Adams Street Chicago, Illinois 60661

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TALLAHASSEE FLORIDA

# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRANSUNION RISK AND ALTERNATIVE DATA 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 ELEVENTH DAY OF DECEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRANSUNION RISK AND ALTERNATIVE DATA SOLUTIONS, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF OCTOBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

13 DEC 12 AM 7:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

5412684 8300

131412453

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0971637

DATE: 12-11-13