

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004995

FILED
Apr 25, 2012
Secretary of State

Entity Name: EXPERIAN INFORMATION SOLUTIONS, INC.

Current Principal Place of Business:

475 ANTON BLVD
COSTA MESA, CA 926267037 US

New Principal Place of Business:

Current Mailing Address:

475 ANTON BLVD
COSTA MESA, CA 926267037 US

New Mailing Address:

FEI Number: 31-1343192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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: CALLERO, CHRIS
Address: 475 ANTON BLVD
City-St-Zip: COSTA MESA, CA 926267037 US

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

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

Title: VP
Name: REEVES, TONY
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: PRES
Name: WILLIAMS, KERRY
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

04/25/2012

Electronic Signature of Signing Officer or Director

Date