

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90294 023 ***150.00

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1. Entity Name
TRANSUNION AMERICA, INC.



Principal Place of Business

**8181 NW 36 STREET
STE. 9A
MIAMI, FL 33166**

Mailing Address

**66-00 L.I. EXPRESSION
STE. 200
MASPETH, NY 11378**

DO NOT WRITE IN THIS SPACE



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number
11-3335800

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PEREZ, ILEANA
8181 NORTHWEST 36TH STREET STE 6D
MIAMI, FL 33166**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
VIANO, JOSE
DR. J.J. DOMINE 18-2 A1
VALENCIA SPAIN,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
COLLARTE, JULIO
DR. J.J. DOMINE 18-2 A1
VALENCIA SPAIN,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GATTI, BRIGID
82-29 63RD AVENUE
MIDDLE VILLAGE, NY 11379**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIGID GATTI

4/6/04

Date

(718) 335-0710

Daytime Phone #