

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90040 018 ***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. EXPRESS WAY
STE. 200
MASPETH, NY 11378**

4000000000



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**ORTEGA, TANIA
8181 NORTHWEST 36TH STREET STE 9A
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | P |
| NAME | VIANO, JOSE |
| STREET ADDRESS | DR. J.J. DOMINE 18-2 A1 |
| CITY-ST-ZIP | VALENCIA SPAIN, |
| TITLE | V |
| NAME | COLLARTE, JULIO |
| STREET ADDRESS | DR. J.J. DOMINE 18-2 A1 |
| CITY-ST-ZIP | VALENCIA SPAIN, |
| TITLE | S |
| NAME | GATTI, BRIGID |
| STREET ADDRESS | 82-29 63RD AVENUE |
| CITY-ST-ZIP | MIDDLE VILLAGE, NY 11379 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

BRIGID GATTI

2/25/08

(718)335-0710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #