## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000006291

Entity Name: TRANSUNION NATIONAL TITLE INSURANCE COMPANY

FILED Apr 09, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
2711 MIDDLEBURG DR, STE 113 COLUMBIA, SC 29204				2711 MIDDLEBURG DR, STE 312 COLUMBIA, SC 29204		
Current Mailing Address:			New Ma	New Mailing Address:		
P.O. BOX 8 COLUMBIA	627 , SC 29202					
FEI Number: 57-0575396 FEI Number Applied For ( ) FEI Num			FEI Number Not Ap	mber Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US						
The above in the State		ıbmits this statement for the pur	oose of changing	g its registered of	ffice or registered agent, or both,	
SIGNATUR	E:					
	Electronic	Signature of Registered Agent			Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () E OXLEY, GREGO 11911 FREEDOM RESTON, VA 20	/I ST, STE 260	Title: Name: Address: City-St-Zip	MCCABE, JOSE 16700 VALLEY	VIEW AVE, SUITE 275	
Title: Name: Address: City-St-Zip:	V ()E PARIS, PATRICIA 1301 PICKENS S COLUMBIA, SC	Т	Title: Name: Address: City-St-Zip	HINSON, ROBE 2711 MIDDLEB	URG DRIVE, SUITE 312	
Title: Name: Address: City-St-Zip:	V ()E WOOLDRIDGE, 4425 RANDOLPH CHARLOTTE, NO	I RD., STE. 204	Title: Name: Address: City-St-Zip	WOOLDRIDGE 8215 FOREST I	POINT BLVD, SUITE 100	
Title: Name: Address: City-St-Zip:	ST () EDEALY, MICHAE 5300 BRANDYW WILMINGTON, D	L INE PKWY, STE 100	Title: Name: Address: City-St-Zip	EMERY, DAVID 555 WEST ADA	MS ST	
Title: Name: Address: City-St-Zip:	D () E GAMBILL, HARR 555 WEST ADAM CHICAGO, IL 60	IS ST	Title: Name: Address: City-St-Zip	MEHTA, SIDDH 555 WEST ADA	MS ST	
Title: Name: Address: City-St-Zip:	1 ( )	Delete	Title: Name: Address: City-St-Zip	BLENKE, JOHN 555 WEST ADA	MS ST	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN WOOLDRIDGE VT 04/09/2008