

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006291

FILED
Apr 06, 2009
Secretary of State

Entity Name: TRANSUNION NATIONAL TITLE INSURANCE COMPANY

Current Principal Place of Business:

2711 MIDDLEBURG DR, STE 312
COLUMBIA, SC 29204

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8627
COLUMBIA, SC 29202

New Mailing Address:

FEI Number: 57-0575396 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCABE, JOSEPH V
Address: 16700 VALLEY VIEW AVE, SUITE 275
City-St-Zip: LA MIRADA, CA 90638

Title: VS () Delete
Name: HINSON, ROBERT M
Address: 2711 MIDDLEBURG DRIVE, SUITE 312
City-St-Zip: COLUMBIA, SC 29204

Title: VT () Delete
Name: WOOLDRIDGE, JOHN R JR.
Address: 8215 FOREST POINT BLVD, SUITE 100
City-St-Zip: CHARLOTTE, NC 28273

Title: VD () Delete
Name: EMERY, DAVID M
Address: 555 WEST ADAMS ST
City-St-Zip: CHICAGO, IL 60601

Title: D () Delete
Name: MEHTA, SIDDHARTH
Address: 555 WEST ADAMS ST
City-St-Zip: CHICAGO, IL 60661

Title: D (X) Delete
Name: BLENKE, JOHN W
Address: 555 WEST ADAMS ST
City-St-Zip: CHICAGO, IL 60601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: BLENKE, JOHN W
Address: 555 WEST ADAMS ST
City-St-Zip: CHICAGO, IL 60601

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Electronic Signature of Signing Officer or Director

VT

04/06/2009

Date