2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# M99000000477

Entity Name: TRANS UNION LLC

Current Principal Place of Business:

555 WEST ADAMS STREET
CHICAGO, IL 60661

New Principal Place of Business:

Current Mailing Address:

555 WEST ADAMS STREET
CHICAGO, IL 60661

New Mailing Address:

FEI Number: 36-4262739 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GAMBILL, HARRY C
Address: 555 WEST ADAMS STREET
City-St-Zip: CHICAGO, IL 60661

Title: MGR ( ) Delete
Name: EMERY, DAVID M
Address: 555 WEST ADAMS STREET
City-St-Zip: CHICAGO, IL 60661

Title: MGR ( ) Delete
Name: BLENKE, JOHN W
Address: 555 WEST ADAMS STREET
City-St-Zip: CHICAGO, IL 60661

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: MEHTA, SIDDHARTHA N
Address: 555 WEST ADAMS STREET
City-St-Zip: CHICAGO, IL 60661

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN W. BLENKE VICE 04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date