2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2017
Secretary of State
CC3528537282

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Entity Name: EXPERIAN INFORMATION SOLUTIONS, INC.

Current Principal Place of Business:

475 ANTON BOULEVARD
COSTA MESA, CA 92626

Current Mailing Address:

475 ANTON BOULEVARD
COSTA MESA, CA 92626 US

FEI Number: 31-1343192

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

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

Officer/Director Detail :

Title	SECRETARY
Name	ENGEL, JASON
Address	475 ANTON BOULEVARD
City-State-Zip:	COSTA MESA CA 92626

Title	DIRECTOR
Name	BOUNDY, CRAIG
Address	475 ANTON BOULEVARD
City-State-Zip:	COSTA MESA CA 92626

Title	DIRECTOR
Name	WILLIAMS, KERRY
Address	475 ANTON BOULEVARD
City-State-Zip:	COSTA MESA CA 92626

Title	PRESIDENT
Name	LINTNER, ALEXANDER
Address	475 ANTON BOULEVARD
City-State-Zip:	COSTA MESA CA 92626

Title	TREASURER
Name	HERB, BRIAN
Address	475 ANTON BOULEVARD
City-State-Zip:	COSTA MESA CA 92626

Title	DIRECTOR
Name	GIBSON, DARRYL
Address	475 ANTON BOULEVARD
City-State-Zip:	COSTA MESA CA 92626

Title	VP
Name	REEVES, ANTONIO
Address	475 ANTON BOULEVARD
City-State-Zip:	COSTA MESA CA 92626

I hereby 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 all other like empowered.

SIGNATURE: BRIAN HERB TREASURER 04/25/2017

Electronic Signature of Signing Officer/Director Detail — Date