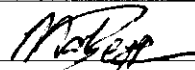
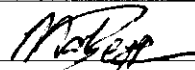
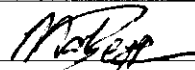


No. C 116549 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Sep 30, 2000 Annual Report Form 1. Mailing Address - Correct in this box, if applicable EXPERIAN INFORMATION SOLUTIONS, INC RICK CORTEBE MARIA SANDERS 505 CITY PARKWAY WEST 4TH FLOOR ORANGE, CA 92868	2. Registered Agent and Office NO PO BOX CT CORPORATION SYSTEM 300 N 6TH ST BOISE, 83701 3. <u>New</u> Registered Agent Signature
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4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
EXECUTIVE VP and CFO	JAMES ANTAL	505 CITY PKWY. WEST ORANGE,	CA		92868
VICE PRESIDENT	KEN KRUEGER	505 CITY PKWY. WEST ORANGE,	CA		92868
TREASURER	DOUG STURGESS	505 CITY PKWY. WEST ORANGE,	CA		92868
ASST. TREASURER	MARK PEPPER	505 CITY PKWY. WEST ORANGE,	CA		92868
DIRECTOR	ERIC M. BARNES	505 CITY PKWY. WEST ORANGE,	CA		92868
DIRECTOR	JOHN PEACE	505 CITY PKWY. WEST ORANGE,	CA		92868
DIRECTOR	JOSEPH WYGODA	505 CITY PKWY. WEST ORANGE,	CA		92868
DIRECTOR	VICTOR J. BARNETT	505 CITY PKWY. WEST ORANGE,	CA		92868

5. Organized Under the Laws of: OHIO C 116549	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature  Name (Typed or Printed) MARK PEPPER </td> <td style="width: 40%;"> Date 8/29/00 Title: ASST. TREASURER XXXX </td> </tr> </table>	Signature  Name (Typed or Printed) MARK PEPPER	Date 8/29/00 Title: ASST. TREASURER XXXX
Signature  Name (Typed or Printed) MARK PEPPER	Date 8/29/00 Title: ASST. TREASURER XXXX		