

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Certificate of Authority

1363960.09

mmoore ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 5/10/2024 2:54 PM Fee Receipt: \$90.00

LDF

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490

(Foreign Business Entity)

(502) 564-3490 www.sos.ky.gov					
Pursuant to the provisions of KF and, for that purpose, submits the		ned hereby applies for authority	to transact business in Kentuc	cky on behalf of the entity named below	
1. The entity is a: X profit	corporation	nonprofit corporation	profession	nal limited liability company	
business trust		limited liability company	statutory t	statutory trust	
limite	d partnership	Itd cooperative associati	on public ber	nefit corporation	
	profit IIc	professional service cor	poration other		
2. The name of the entity is Ex	perian Employer Service (The name must be iden	es, Inc. ntical to the name on record v	vith the Secretary of State.)	·	
3. The name of the entity to be	used in Kentucky is (if appli	cable):			
4. The state or country under w	hose law the entity is organ		l name" is unavailable for us	se; otherwise, leave blank.)	
5. The date of organization is _1	1/17/2008	and the per	od of duration is	ention is considered pornetical \	
6. The mailing address of the e	ntity's principal office is		(If leπ blank, du	ration is considered perpetual.)	
475 Anton Blvd	,	Costa Me		92626	
Street Address		City	State	Zip Code	
7. The street address of the ent 306 W. Main Street, Suite 5		ntucky is Frankfor	t KY	40601	
Street Address (No P.O. Box N	lumbers)		City	State Zip Code	
and the name of the registered a	agent at that office is CT	Corporation System		•	
The names and business add See attached	dresses of the entity's repre	sentatives (secretary, officers a	nd directors, managers, truste	es or general partners):	
Name	Street or P.O. Box	City	State	Zip Code	
Name	Street or P.O. Bo	City	State	Zip Code	
Name	Street or P.O. Bo	City	State	Zip Code	
9. If a professional service corporand treasurer are licensed in on statement of purposes of the co	e or more states or territorie	areholders, not less than one has of the United States or Distric	alf (1/2) of the directors, and all at of Columbia to render a profe	of the officers other than the secretary essional service described in the	
10. I certify that, as of the date of	of filing this application, the	above-named entity validly exis	ts under the laws of the jurisdic	ction of its formation.	
11. If a limited partnership, it ele	cts to be a limited liability li	mited partnership. Check the b	oox if applicable:		
12. If a limited liability company	y, check box if manager-n	nanaged:			
13. This application will be effect	tive Ipon filing.	Mitchell Rose	Senior Counsel	May 8, 2024	
Signature of Authorized Represen	tative		ame & Title	Date	
g v adionava represent	TOTAL T				
I, C T Corporation System Type/Print Name of Registered	Agent	, consent to serv	e as the registered agent on be	ehalf of the business entity.	
C T Corporation S		e			
By: Stephane Non	ay	Stephanie Hencz	Assistant Secretar	ry 5/8/24 Date	
SIGNATURE OF REGISTERS AGENT	ar.			Date	

Experian Employer Services, Inc.

Director List

Name	Address		
Darryl Gibson	475 Anton Blvd, Costa Mesa, CA 92626		
Tom Le	475 Anton Blvd, Costa Mesa, CA 92626		
Alexander Lintner	475 Anton Blvd, Costa Mesa, CA 92626		
Jennifer Schulz	475 Anton Blvd, Costa Mesa, CA 92626		
Jeff Shotts	475 Anton Blvd, Costa Mesa, CA 92626		