2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# 833817

Entity Name: LEXISNEXIS RISK SOLUTIONS INC.

Current Principal Place of Business:

1000 ALDERMAN DR.
ALPHARETTA, GA 30005 US

New Principal Place of Business:

Current Mailing Address:

1000 ALDERMAN DR.
ALPHARETTA, GA 30005 US

New Mailing Address:

FEI Number: 58-1276168 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: PD
Name: PECK, JAMES
Address: 1000 ALDERMAN DR.
City-St-Zip: ALPHARETTA, GA 30005

Title: SD
Name: SIDEWATER, MEREDITH
Address: 1000 ALDERMAN DR.
City-St-Zip: ALPHARETTA, GA 30005

Title: CFO
Name: SCHMITT, REBECCA
Address: 1000 ALDERMAN DR.
City-St-Zip: ALPHARETTA, GA 30005

Title: VP
Name: RENEE, SIMONTON
Address: 1105 NORTH MARKET ST, WUITE 501
City-St-Zip: WILMINGTON, DE 19801

Title: TD
Name: KENNETH, FOGARTY
Address: 2 NEWTON PLACE, SUITE 350
City-St-Zip: NEWTON, MA 02458

Title: D
Name: HORBACZEWSKI, HENRY
Address: 2 NEWTON PLACE, SUITE 350
City-St-Zip: NEWTON, MA 02458

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: RENEE SIMONTON VP 01/05/2012

Electronic Signature of Signing Officer or Director Date