

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36951

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** LEXISNEXIS VITALCHEK NETWORK INC.

**Current Principal Place of Business:**

1000 ALDERMAN DRIVE, DROP 71-N  
ALPHARETTA, GA 30005

**New Principal Place of Business:**

1000 ALDERMAN DRIVE,  
ALPHARETTA, GA 30005

**Current Mailing Address:**

1105 NORTH MARKET STREET  
SUITE 501  
WILMINGTON, DE 19801

**New Mailing Address:**

255 WAHSINGTON STREET  
SUITE 350  
NEWTON, MA 02458

**FEI Number:** 62-1365614

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
C/O 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: DP  
Name: PECK, JAMES M  
Address: 6601 PARK OF COMMERCE BLVD.  
City-St-Zip: BOCA RATON, FL 30487

Title: VP  
Name: INIGUEZ, RUBI L  
Address: 2 NEWTON PLACE - SUITE 350  
City-St-Zip: NEWTON, MA 02458

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

Title: DS  
Name: THOMPSON, II, KENNETH R  
Address: 9443 SPRINGBORO PIKE  
City-St-Zip: MIAMISBURG, OH 94352

Title: DVP  
Name: HORBACZEWSKI, HENRY  
Address: 125 PARK AVE, 23 FLOOR  
City-St-Zip: NEW YORK, NY 10017

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

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