

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000065147

**Entity Name:** LEXISNEXIS RISK DATA MANAGEMENT INC.**Current Principal Place of Business:**1000 ALDERMAN DR  
ALPHARETTA, GA 30005**Current Mailing Address:**1105 NORTH MARKET ST  
SUITE 501 RELX  
WILMINGTON, DE 19801 US**FEI Number:** 65-0852445**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
% C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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 SD  
Name SIDEWATER, MEREDITH  
Address 1000 ALDERMAN DRIVE  
City-State-Zip: ALPHARETTA GA 30005

Title DT  
Name FOGARTY, KENNETH E  
Address 313 WASHINGTON ST  
City-State-Zip: NEWTON MA 02458-1037

Title D  
Name GOLDWEITZ, JULIE  
Address 230 PARK AVE  
City-State-Zip: NEW YORK NY 10169

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

Title VP  
Name PETER, DANGOIA  
Address 313 WASHINGTON ST  
City-State-Zip: NEWTON MA 02458

Title DIRECTOR  
Name THOMPSON, KENNETH  
Address 9443 SPRINGBORO PIKE  
City-State-Zip: MIAMISBURG OH 45342

Title PRESIDENT / DIRECTOR  
Name KELSEY, MARK  
Address 1000 ALDERMAN DR  
City-State-Zip: ALPHARETTA GA 30005

Title ASST. TREASURER  
Name HORGAN, MARY ANN  
Address 313 WASHINGTON ST  
City-State-Zip: NEW YORK NY 10169

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*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

VICE PRESIDENT

02/04/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	VP
Name	FROMMER, CREIGHTON
Address	1000 ALDERMAN
City-State-Zip:	ALPHARETTA GA 30005