

2021 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	DT
Name	FOGARTY, KENNETH E
Address	313 WASHINGTON ST
City-State-Zip:	NEWTON MA 02458-1037

Title	VP, SECRETARY
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

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

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

01/13/2021

Electronic Signature of Signing Officer/Director Detail

Date