

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000065147

Entity Name: LEXISNEXIS RISK DATA MANAGEMENT INC.**Current Principal Place of Business:**6601 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487**Current Mailing Address:**255 WASHINGTON STREET
SUITE 350
NEWTON, MA 02458**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 2 NEWTON PLACE, SUITE 350
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 255 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

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

01/06/2015

Electronic Signature of Signing Officer/Director Detail

Date