

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000005972

**Entity Name:** BLACK KNIGHT FINANCIAL TECHNOLOGY SOLUTIONS, LLC

**Current Principal Place of Business:**

601 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

ATTN: APRIL JOHNSON  
601 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204

**FEI Number:** 27-3732132

**Certificate of Status Desired:** No

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

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

**Authorized Person(s) Detail :**

Title            MBRM  
Name            BLACK KNIGHT INFOSERV. LLC  
Address        601 RIVERSIDE AVENUE  
City-State-Zip: JACKSONVILLE FL 32204

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL L. GRAVELLE

**EXECUTIVE SECRETARY**    03/29/2018

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date