

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 833817

Entity Name: LEXISNEXIS RISK SOLUTIONS 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:** 58-1276168**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**Officer/Director Detail :**

Title PD
Name KELSEY, MARK
Address 1000 ALDERMAN DR.
City-State-Zip: ALPHARETTA GA 30005

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

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

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

Title ASST. SECRETARY
Name SIMONTON, RENEE
Address 1105 NORTH MARKET ST
City-State-Zip: WILMINGTON DE 19801

Title SECRETARY
Name SAIDA, ERIC
Address 1000 ALDERMAN DR
City-State-Zip: ALPHARETTA GA 30005

Title ASST. TREASURER
Name HORGAN, MARY ANN
Address 313 WASHINGTON
City-State-Zip: NEWTON MA 02458

Title EXECUTIVE VICE PRESIDENT
Name SCHMITT, REBECCA
Address 1000 ALDERMAN DR
City-State-Zip: ALPHARETTA GA 30005

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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

ASSISTANT SECRETARY 01/13/2021

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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