2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2025
Secretary of State
7124190351CC

DOCUMENT# 833817

Entity Name: LEXISNEXIS RISK SOLUTIONS INC.

Current Principal Place of Business:

1000 ALDERMAN DRIVE
ALPHARETTA, GA 30005

Current Mailing Address:

1000 ALDERMAN DRIVE
ALPHARETTA, GA 30005 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	PRESIDENT
Name	KELSEY, MARK
Address	1000 ALDERMAN DRIVE
City-State-Zip:	ALPHARETTA GA 30005

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

Title	TREASURER
Name	PERRY, SUZANNE
Address	1105 NORTH MARKET STREET SUITE 501
City-State-Zip:	WILMINGTON DE 19801

Title	ASSISTANT TREASURER
Name	HORGAN, MARY ANN
Address	1105 NORTH MARKET STREET SUITE 501
City-State-Zip:	WILMINGTON DE 19801

Title	SECRETARY
Name	SAIDA, ERIC
Address	1105 NORTH MARKET STREET SUITE 501
City-State-Zip:	WILMINGTON DE 19801

Title	VP
Name	PERRY, SUZANNE
Address	1105 NORTH MARKET STREET SUITE 501
City-State-Zip:	WILMINGTON DE 19801

Title	VICE PRESIDENT-TAX
Name	HORGAN, MARY ANN
Address	1105 NORTH MARKET STREET SUITE 501
City-State-Zip:	WILMINGTON DE 19801

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

Continues on page 2

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 03/24/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MIN, WILLIAM
Address	1000 ALDERMAN DRIVE
City-State-Zip:	ALPHARETTA GA 30005

Title	DIRECTOR
Name	STAUDT, PRESTON
Address	1000 ALDERMAN DRIVE
City-State-Zip:	ALPHARETTA GA 30005