

**2023 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 ASST. SECRETARY, VP  
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, VP  
Name HORGAN, MARY ANN  
Address 313 WASHINGTON  
City-State-Zip: NEWTON MA 02458

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

Title TREASURER  
Name PERRY, SUZANNE  
Address 230 PARK AVE  
City-State-Zip: NEW YORK NY 10169

*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**

**02/11/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date