

2015 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:

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

Title SD
Name SIDEWATER, MEREDITH
Address 1000 ALDERMAN DR.
City-State-Zip: ALPHARETTA GA 30005

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

Title TD
Name FOGARTY, KENNETH
Address 255 WASHINGTON ST
City-State-Zip: NEWTON MA 02458

Title D
Name GOLDWEITZ, JULIE
Address 230 PARK AVE
City-State-Zip: NEW YORK NY 10169

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

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

01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date