

2013 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 CFO
Name SCHMITT, REBECCA
Address 1000 ALDERMAN DR.
City-State-Zip: ALPHARETTA GA 30005

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

Title TD
Name KENNETH, FOGARTY
Address 2 NEWTON PLACE, SUITE 350
City-State-Zip: NEWTON MA 02458

Title D
Name GOLDWEITZ, JULIE
Address 125 PARK AVE
City-State-Zip: NEW YORK NY 10017

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

01/22/2013

Electronic Signature of Signing Officer/Director Detail

Date