### **2020 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

**DOCUMENT# 833817** 

Entity Name: LEXISNEXIS RISK SOLUTIONS INC.

Entity Name. LEXISNEXIS KISK SOLUTIONS IN

**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

FILED Feb 21, 2020

**Secretary of State** 

9838374701CC

#### Officer/Director Detail:

Title PD Title VP

Name KELSEY, MARK Name SIMONTON, RENEE

Address 1000 ALDERMAN DR. Address 1105 NORTH MARKET ST

City-State-Zip: ALPHARETTA GA 30005 City-State-Zip: WILMINGTON DE 19801

Title TREASURER Title SECRETARY

Name FOGARTY, KENNETH Name GOLDWEITZ, JULIE

Address 313 WASHINGTON ST Address 230 PARK AVE

City-State-Zip: NEWTON MA 02458 City-State-Zip: NEW YORK NY 10169

Title VP Title ASST. TREASURER

NameDANGOIA, PETERNameHORGAN, MARY ANNAddress313 WASHINGTON STAddress313 WASHINGTON

City-State-Zip: NEWTON MA 02458 City-State-Zip: NEWTON MA 02458

Title VP Title DIRECTOR

Name FROMMER, CREIGHTON Name TRAINOR, RICHARD

Address 1000 ALDERMAN Address 1000 ALDERMAN DR

City-State-Zip: ALPHARETTA GA 30005 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

02/21/2020

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title EXECUTIVE VICE PRESIDENT

Name SCHMITT, REBECCA Address 1000 ALDERMAN DR

City-State-Zip: ALPHARETTA GA 30005