

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P36951

**Entity Name:** LEXISNEXIS VITALCHEK NETWORK INC.**Current Principal Place of Business:**1000 ALDERMAN DRIVE,  
ALPHARETTA, GA 30005**Current Mailing Address:**1000 ALDERMAN DRIVE,  
ALPHARETTA, GA 30005 US**FEI Number:** 62-1365614**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
C/O 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	DP
Name	KELSEY, MARK
Address	1000 ALDERMAN DRIVE,
City-State-Zip:	ALPHARETTA GA 30005

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

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

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

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

Title	S
Name	SIDEWATER, MEREDITH
Address	1000 ALDERMAN DRIVE
City-State-Zip:	ALPHARETTA GA 30005

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