

2013 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:**255 WAHSINGTON STREET
SUITE 350
NEWTON, MA 02458**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 DR
City-State-Zip: ALPAHRETTA GA 30005

Title VP
Name INIGUEZ, RUBI L
Address 2 NEWTON PLACE - SUITE 350
City-State-Zip: NEWTON MA 02458

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

Title DIRECTOR
Name THOMPSON, II, KENNETH R
Address 9443 SPRINGBORO PIKE
City-State-Zip: MIAMISBURG OH 94352

Title DVP
Name GOLDWEITZ, JULIE
Address 125 PARK AVE, 23 FLOOR
City-State-Zip: NEW YORK NY 10017

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

Title DIRECTOR, SECRETARY
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

03/22/2013

Electronic Signature of Signing Officer/Director Detail

Date