

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 04, 2011
Secretary of State

Entity Name: LEXISNEXIS RISK SOLUTIONS GA INC.

Current Principal Place of Business:

1000 ALDERMAN DRIVE
ALPHARETTA, GA 30005

New Principal Place of Business:

Current Mailing Address:

2 NEWTON PLACE
SUITE 350
NEWTON, MA 02458

New Mailing Address:

FEI Number: 58-2582498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP
Name: PECK, JAMES M
Address: 6601 PARK OF COMMERCE BLVD.
City-St-Zip: BOCA RATON, FL 30487

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

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

Title: DS
Name: THOMPSON, II, KENNETH R
Address: 9443 SPRINGBORO PIKE
City-St-Zip: MIAMISBURG, OH 45342

Title: DVP
Name: HORBACZEWSKI, HENRY
Address: 125 PARK AVE, 23 FLOOR
City-St-Zip: NEW YORK, NY 10017

Title: VP
Name: SIMONTON, RENEE
Address: 1105 NORTH MARKET ST., SUITE 501
City-St-Zip: WILIMINGTON, DE 19801

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

VP

01/04/2011

Electronic Signature of Signing Officer or Director

Date