

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006281

FILED  
Jan 05, 2012  
Secretary of State

Entity Name: LEXISNEXIS RISK SOLUTIONS FL INC.

**Current Principal Place of Business:**

1000 ALDERMAN DR.  
ALPHARETTA, GA 30005

**New Principal Place of Business:**

**Current Mailing Address:**

2 NEWTON PLACE  
SUITE 350  
NEWTON, MA 024581637

**New Mailing Address:**

255 WASHINGTON STREET  
SUITE 350  
NEWTON, MA 024581637

FEI Number: 41-1815880

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT 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: VP  
Name: SIMONTON, RENEE L  
Address: 1105 NORTH MARKET STREET  
City-St-Zip: WILMINGTON, DE 19801

Title: DP  
Name: PECK, JAMES M CEO  
Address: 1000 ALDERMAN DRIVE  
City-St-Zip: ALPHARETTA, GA 30005

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

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

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

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

01/05/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date