

**F1500003402**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**LexisNexis Claims Solutions Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

RECEIVED

15 AUG -3 PM 3:08

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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S. YOUNG

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Help

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** LexisNexis Claims Solutions Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

RENEE SIMONTON

Name of Person

REED ELSEVIER

Firm/Company

1105 NORTH MARKET ST., SUITE 501

Address

WILMINGTON, DE 19801

City/State and Zip code

renee.simonton@rlx.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RENEE SIMONTON

Name of Person

at ( 302 ) 884 8311

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|--|---|---|

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

**1. LexisNexis Claims Solutions Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Arizona 3. 86-0523460  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/05/1985 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1000 Alderman Drive, Alpharetta, GA 30005  
(Principal office address)  
1105 North Market Street, Suite 501, Wilmington, DE 19801  
(Current mailing address)

**8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

**9. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

C T Corporation System

By: Connie Bryan  
(Registered agent's signature) **Assistant Secretary**

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: SEE ATTACHMENT

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: SEE ATTACHMENT

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Renee Simonton \_\_\_\_\_  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Renee Simonton, Vice President Renee Simonton \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

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TALLAH. SE. FL. 32301

## Director and Officers Report - Work Address LexisNexis Claims Solutions Inc.

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### Company Name

1 LexisNexis Claims Solutions Inc.

### Appointments

Name	Appointed as	Work address
Kenneth Eugene Fogarty	Director	313 Washington Street, Newton, MA, 02458, US
Julie Ann Goldweitz	Director	230 Park Avenue, 7th Floor, New York NY 10169, United States
Mark Vickers Kelsey	Director	1000 Alderman Drive, Alpharetta GA 30005, United States
Meredith Levin Sidewater	Director	1000 Alderman Drive, Alpharetta GA 30005, United States
Kenneth Robert Thompson, II	Director	9443 Springboro Pike, Miamisburg OH 45342, United States
Mark Vickers Kelsey	President	1000 Alderman Drive, Alpharetta GA 30005, United States
Renee Paton Simonton	Vice President	1105 N. Market Street, Fifth Floor, Wilmington DE 19801, United States
Peter Francis Dangola	Vice President-Tax	313 Washington Street, Newton, MA, 02458, US
Meredith Levin Sidewater	Secretary	1000 Alderman Drive, Alpharetta GA 30005, United States
Kenneth Eugene Fogarty	Treasurer	313 Washington Street, Newton, MA, 02458, US
Mary Ann Horgan	Assistant Treasurer	313 Washington Street, Newton, MA, 02458, US

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TAX DIV. SEC. HORGAN

# STATE OF ARIZONA



## Office of the CORPORATION COMMISSION

### CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Jodi A. Jerich, Executive Director of the Arizona Corporation Commission, do hereby certify that

**\*\*\*LEXISNEXIS CLAIMS SOLUTIONS INC.\*\*\***

a domestic corporation organized under the laws of the State of Arizona, did incorporate on September 05 1985.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said corporation is not administratively dissolved for failure to comply with the provisions of the Arizona Business Corporation Act; and that its most recent Annual Report, subject to the provisions of A.R.S. sections 10-122, 10-123, 10-125 & 10-1622, has been delivered to the Arizona Corporation Commission for filing; and that the said corporation has not filed Articles of Dissolution as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 3rd day of August, 2015, A. D.



*Jodi A. Jerich*  
Jodi A. Jerich, Executive Director

By: 1272106

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