Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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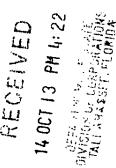
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**Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please. **

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2814 OCT 13 AM II:



REGISTERED AGENT CHANGE **RISK METRICS CORPORATION**

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10/13/2014

COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJ	RISK METRICS CORPORATION				
ЭСБЭ	Name of Corporation				
DOC	MENT NUMBER:				
The er	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please	return all correspondence concerning this matter to the following:				
	Renee Simonton				
	Name of Contact Person				
	Reed Elsovier				
	Firm/Company				
	1105 North Market Street, Suite 501				
	Address				
	Wilmington, Delaware 19801				
	City/State and Zip Code				
	rence.simonton@respmsi.com				
	E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:					
Rence	imonton 302 884-8311				
	Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.					
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Cilfton Building 2661 Executive Center Circle Tallahassee, FL 32301				

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this thange is submitted for a corporation organized under the laws of the State of Delawate der to change its registered office or registered agent, or both, in the State of Florida.	
	of the corporation: Risk Metrics Corporation	
2. The principal	oal office address: 1000 Alderman Drive, Alpharetta, GA 30005	
3. The mailing a	g address (if different): 1105 North Market Street, Suite 501, Wilmington, DE 19807	
4. Date of incorp	exporation/qualification: 01/22/1998 Document number: F98000000381	
5. The name and	and street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)	
	MCCARTHY, JOHN L	ý 2
	6971 N FEDERAL HWY, SUITE 404-406	<u> </u>
	BOCA RATON, FL 33487	13 百日
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered office ();	FILED FILED
	C T Corporation System	野 05
	c/o C T Corporation System, 1200 South Pine Island Road	P
	P.O. Box NOT scceptable	
	Plantation, Florida 33324	
The street address changed will	dress of its registered office and the street address of the business office of its registered will be identical.	agent,
	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
RINDE	Renee Simonton, Vice President	
Signatu	ature of an officer or director Printed or typed name and fulls	
	ept the appointment as registered agent and agree to act in this capacity. Se to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as register this document is being filed merely to reflect a change in the registered office address, I In that the corporation has been notified in writing of this change.	ad
By:	Corporation Systems (Most Sec. 10/13/14	
	Signsture of Registered Agent Date	
II signing on be	behalf of an entity:	
Ť	Typed or Printed Name	

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)