

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006742

FILED
Jan 05, 2011
Secretary of State

Entity Name: LEXISNEXIS RISK DATA RETRIEVAL SERVICES LLC

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: 58-1853119

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

MANAGING MEMBERS/MANAGERS:

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

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

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

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

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

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RENEE SIMONTON

VP

01/05/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date