

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000000190

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** LEXISNEXIS RISK SOLUTIONS BUREAU LLC

**Current Principal Place of Business:**

1000 ALDERMAND DRIVE  
ALPHARETTA, GA 30005

**New Principal Place of Business:**

1000 ALDERMAN DRIVE  
ALPHARETTA, GA 30005

**Current Mailing Address:**

1000 ALDERMAND DRIVE  
ALPHARETTA, GA 30005

**New Mailing Address:**

255 WASHINGTON STREET  
SUITE 350  
NEWTON, MA 02458

**FEI Number:** 27-1372666

**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: FOGARTY, KENNETH E  
Address: 2 NEWTON PLACE THIRD FLOOR 255 WASHINGTON S  
City-St-Zip: NEWTON, MA 02458

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

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

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

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: HENRY HORBACZEWSKI

MGR

01/05/2012

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