## **2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000006742

Entity Name: LEXISNEXIS RISK DATA RETRIEVAL SERVICES LLC

FILED
Jan 06, 2015
Secretary of State
CC7311547249

# **Current Principal Place of Business:**

1000 ALDERMAN DRIVE ALPHARETTA, GA 30005

# **Current Mailing Address:**

1105 NORTH MARKET STREET SUITE 501 WILMILNGTON, DE 19801 US

FEI Number: 58-1853119 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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

## Authorized Person(s) Detail:

Title MGR Title VP

Name KELSEY, MARK Name SIMONTON, RENEE

Address 1000 ALDERMAN DRIVE Address 1105 NORTH MARKET ST, SUITE 501

City-State-Zip: ALPHARETTA GA 30005 City-State-Zip: WILMINGTON DE 19801

Title MGR Title MGR

NameFOGARTY, KENNETH ENameSIDEWATER, MEREDITHAddress2 NEWTON PLACE - SUITE 350Address1000 ALDERMAN DRIVECity-State-Zip:NEWTON MA 02458City-State-Zip: ALPHARETTA GA 30005

Title MGR Title MANAGER

NameGOLDWEITZ, JULIENameTHOMPSON, KENNETHAddress230 PARK AVEAddress9443 SPRINGBORO PIKECity-State-Zip:NEW YORK NY 10169City-State-Zip:MIAMISBURG OH 45342

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RENEE SIMONTON

VICE PRESIDENT

01/06/2015