

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000001972

Entity Name: BLACK KNIGHT FINANCIAL SERVICES, INC.

Current Principal Place of Business:

601 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

Current Mailing Address:

601 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

FEI Number: 36-4798491

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

Officer/Director Detail :

Title PRESIDENT
Name NACKASHI, JOSEPH M.
Address 601 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR, CFO
Name LARSEN, KIRK T.
Address 601 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR, SECRETARY
Name HALEY, COLLEEN E
Address 601 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32204

Title SVP, TAX
Name HOLT, BRIAN M
Address 601 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32204

Title ASST. CORPORATE SECRETARY
Name JOHNSON, APRIL L
Address 601 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32204

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: APRIL L JOHNSON

**ASST. CORPORATE
SECRETARY**

02/11/2019

Electronic Signature of Signing Officer/Director Detail

Date