

No. C 50896	Due no later than Feb 29, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. LEXISNEXIS RISK SOLUTIONS INC. RENEE SIMONTON 1105 NORTH MARKET STREET SUITE 501 WILMINGTON DE 19801		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
			3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
VICE PRESIDENT	PETER DANGOIA	313 WASHINGTON ST	NEWTON	MA	USA	02458
VICE PRESIDENT	RENEE SIMONTON	1105 NORTH MARKET ST	WILMINGTON	DE	USA	19801
TREASURER	KENNETH E FOGARTY	313 WASHINGTON ST	NEWTON	MA	USA	02458-1637
DIRECTOR	KENNETH E FOGARTY	313 WASHINGTON ST	NEWTON	MA	USA	02458-1637
SECRETARY	MEREDITH SIDEWATER	1000 ALDERMAN DRIVE	ALPHARETTA	GA	USA	30005-1637
DIRECTOR	KENNETH THOMPSON	9443 SPRINGBORO PIKE	MIAMISBURG	OH	USA	45342-1637
DIRECTOR	JULIE GOLDWETIZ	230 PARK AVE	NEW YORK	NY	USA	10169
DIRECTOR	MEREDITH SIDEWATER	1000 ALDERMAN DRIVE	ALPHARETTA	GA	USA	30005-1637
DIRECTOR	MARK KELSEY	1000 ALDERMAN DR	ALPHARETTA	GA	USA	30005-1637
PRESIDENT	MARK KELSEY	1000 ALDERMAN DR	ALPHARETTA	GA	USA	30005-1637
5. Organized Under the Laws of: GA C 50896		6. Annual Report must be signed.* Signature: Renee Simonton Name (type or print): Renee Simonton Date: 01/07/2016 Title: Vice President				
Processed 01/07/2016		* Electronically provided signatures are accepted as original signatures.				