

No. C 0050896		Due no later than Feb 28, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. LEXISNEXIS RISK SOLUTIONS INC. RENEE SIMONTON 1105 NORTH MARKET STREET SUITE 501 WILMINGTON DE 19801 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA		
				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
TREASURER	KENNETH E FOGARTY	2 NEWTON PLACE SUITE 350	NEWTON	MA	USA	02458-1637
DIRECTOR	KENNETH E FOGARTY	2 NEWTON PLACE SUITE 350	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
DIRECTOR	JULIE GOLDWETIZ	125 PARK AVE	NEWYORK	NY	USA	10017
DIRECTOR	MEREDITH SIDEWATER	1000 ALDERMAN DRIVE	ALPHARETTA	GA	USA	30005
DIRECTOR	MARK KELSEY	1000 ALDERMAN DR	ALPHARETTA	GA	USA	30005
PRESIDENT	MARK KELSEY	1000 ALDERMAN DR	ALPHARETTA	GA	USA	30005
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
GA		Signature: Renee Simonton		Date: 02/04/2014		
C 0050896		Name (type or print): Renee Simonton		Title: Vice President		
Processed 02/04/2014		* Electronically provided signatures are accepted as original signatures.				