

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
LexisNexis Risk Management Inc.		09/22/2006	CORPORATION: MINNESOTA
RECEIVING PARTY DATA			
Name:	LexisNexis Risk & Information Analytics Group Inc.		
Street Address:	100 South Fifth Street, Suite 300		
City:	Minneapolis		
State/Country:	MINNESOTA		
Postal Code:	55402		
Entity Type:	CORPORATION: MINNESOTA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	2496385	FRAUDEDEFENDER	
CORRESPONDENCE DATA			
Fax Number:	(302)884-8300		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Email:	trademarks@reilaw.com		
Correspondent Name:	Reed Elsevier Intellectual Property		
Address Line 1:	1105 North Market Street, Suite 501		
Address Line 2:	FIFTH FLOOR		
Address Line 4:	Wilmington, DELAWARE 19801		
NAME OF SUBMITTER:	RENEE SIMONTON		
Signature:	/renee simonton/		
Date:	11/02/2006		

OP \$40.00 2496385

Total Attachments: 2
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DC-CN



MINNESOTA SECRETARY OF STATE
AMENDMENT OF ARTICLES OF INCORPORATION

READ INSTRUCTIONS LISTED BELOW, BEFORE COMPLETING THIS FORM.

1. Type or print in black ink.
2. There is a \$35.00 fee payable to the Secretary of State for filing this "Amendment of Articles of Incorporation".
3. Return Completed Amendment Form and Fee to the address listed on the bottom of the form.

CORPORATE NAME: (List the name of the company prior to any desired name change)

LEXISNEXIS RISK MANAGEMENT INC.

This amendment is effective on the day it is filed with the Secretary of State, unless you indicate another date, no later than 30 days after filing with the Secretary of State

Format (mm/dd/yyyy)

The following amendment(s) to articles regulating the above corporation were adopted: (insert full text of newly amended article(s) indicating which article(s) is (are) being amended or added.) If the full text of the amendment will not fit in the space provided, attach additional numbered pages. (Total number of pages including this form _____)

ARTICLE 1 _____

"1. The name of the corporation is LexisNexis Risk & Information Analytics Group Inc."

This amendment has been approved pursuant to Minnesota Statutes chapter 302A or 317A. I certify that I am authorized to execute this amendment and I further certify that I understand that by signing this amendment, I am subject to the penalties of perjury as set forth in section 609.48 as if I had signed this amendment under oath.

Renee Simonton
(Signature of Authorized Person)

Name and telephone number of contact person: Renee Simonton, Vice President (302) 884-8311
Please print legibly.

If you have any questions please contact the Secretary of State's office at (651)296-2803

RETURN TO: Secretary of State, Business Services Division
150 State Office Bldg., 100 Rev. Dr. Martin Luther King Jr. Blvd.
St. Paul, MN 55155-1299 (651)296-2803

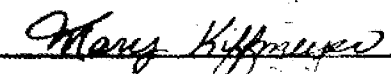

Make Check Payable to the "Secretary of State" Your canceled check will be returned to you. Failure to provide the requested information will prevent the Office from approving or further processing this filing.

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BUS 4 Rev. 3-03

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MINNESOTA DEPARTMENT OF STATE
STATE OF MINNESOTA DEPARTMENT OF STATE
FILED
SEP 22 2006
SECRETARY OF STATE
STATE

STATE OF MINNESOTA
DEPARTMENT OF STATE
I hereby certify that this is a
true and complete copy of the
document as filed for record in
this office.
DATED 9.22.06

Secretary of State

By Cornie Kiffmeyer