P \$40.00 21677

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 Public Records Data Services Inc.		04/02/2005	CORPORATION: MINNESOTA

RECEIVING PARTY DATA

Name:	LEXISNEXIS Risk Management Inc.	
Street Address:	100 South Fifth Street	
Internal Address:	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:	2167706	FRAUDPOINT

CORRESPONDENCE DATA

Fax Number: (302)884-8300

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Phone: 302-884-8309

Email: jacqueline.gregorski@lexisnexis.com

Correspondent Name: Jacqueline Gregorski
Address Line 1: 1105 N. Market Street

Address Line 2: Suite 501

Address Line 4: Wilmington, DELAWARE 19801

ATTORNEY DOCKET NUMBER:	FRAUDPOINT NAME CHANGE	
NAME OF SUBMITTER:	Jacqueline Gregorski	
Signature:	/Jacqueline Gregorski/	

900106963 REEL: 003780 FRAME: 0307

Date:	05/20/2008	
Total Attachments: 1 source=LNpublicrecordstoLNriskmanagement#page1.tif		

TRADEMARK
REEL: 003780 FRAME: 0308



DC-CN



MINNESOTA SECRETARY OF STATE

AMENDMENT OF ARTICLES OF INCORPORATION

READ INSTRUCTIONS LISTED BELOW, BEFORE COMPLETING THIS FORM.

 Type or print in black ink. There is a \$35.00 fee payable to the Secretary of State for filing this "Amendment of Articles of Incorporation". 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 a LexisNexis Public Records Data Services I	-	nange)		
This amendment is effective on the day it is filed with the Secretary of State.	•	rs you indicate another date, no later than 14/04/2005 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 form1) ARTICLE1				
The name of the Corporation is LexisNexis Risk Mar	nagement Inc.	STATE OF MINNESOT, DEPARTMENT OF STATE FILED APR () 1 2005 Many Hiffman Secretary of State		
This amendment has been approved pursuant to <i>Minnesota</i> Stexecute this amendment and I further certify that I understand of perjury as set forth in section 609.48 as if I had signed this an experiment of the section 609.48 as if I had signed this an experiment of the section 609.48 as if I had signed this an experiment of the section 609.48 as if I had signed this an experiment of the section 609.48 as if I had signed this analysis of the section 609.48 as if I had signed this analysis of the section 609.48 as if I had signed this analysis of the section 609.48 as if I had signed this analysis of the section 609.48 as if I had signed this analysis of the section 609.48 as if I had signed this analysis of the section 609.48 as if I had signed this analysis of the section 609.48 as if I had signed this analysis of the section 609.48 as if I had signed this analysis of the section 609.48 as if I had signed this analysis of the section 609.48 as if I had signed this analysis of the section 609.48 as if I had signed this analysis of the section 609.48 as if I had signed this analysis of the section 609.48 as if I had signed this analysis of the section 609.48 as if I had signed this analysis of the section 609.48 as if I had signed this section 609.48 as if I had signed the first fir	that by signing this	amendment, I am subject to the penalties		

Name and telephone number of contact person: Linda G. Bottoms, Asst. Sec.

302 884-8307

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

180 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 cancelled Check is your receipt.

All of the information on this form is public and required in order to process this filling. Failure to provide the requested information will prevent the Office from approving or further processing this filling.

The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance, or political opinions or affiliations in employment or the provision of services. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651)296-2803/Voice. For TTY communication, contact the Minnesota Relay Sevice at 1-800-627- 3529 and ask them to place a call to (651)296-2803.

bus4 Rev. 3-03

TRADEMARK REEL: 003780 FRAME: 0309

RECORDED: 05/20/2008