

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 & Information Analytics Group Inc.		01/01/2010	CORPORATION: MINNESOTA

RECEIVING PARTY DATA

Name:	LexisNexis Risk Solutions FL Inc.
Street Address:	6601 Park of Commerce Boulevard
City:	Boca Raton
State/Country:	FLORIDA
Postal Code:	33487
Entity Type:	CORPORATION: MINNESOTA

PROPERTY NUMBERS Total: 7

Property Type	Number	Word Mark
Registration Number:	2713366	ACOLLAI
Registration Number:	2810338	BANKO
Registration Number:	2810335	BANKO
Registration Number:	2591998	RISKWISE
Registration Number:	2259655	INSTACHECK
Registration Number:	2496385	FRAUDDEFENDER
Registration Number:	2655250	RECOVERSCORE

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: 1000 Alderman Drive

OP \$190.00 2713366

Address Line 2: Suite 501
Address Line 4: Wilmington, DELAWARE 19801

ATTORNEY DOCKET NUMBER:	LN NAME CHANGE
NAME OF SUBMITTER:	Jacqueline Gregorski
Signature:	/Jacqueline Gregorski/
Date:	01/13/2010

Total Attachments: 1
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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 & Information Analytics Group 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.

01/01/2010

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 Solutions FI, 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
 180 State Office Bldg., 100 Rev. Dr. Martin Luther King Jr. Blvd
 St. Paul, MN 55155-1299, (651)296-2803

STATE OF MINNESOTA
 DEPARTMENT OF STATE
FILED

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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 filing. Failure to provide the required information will prevent the Office from approving or further processing this filing.

Mark Ritchie
 Secretary of State

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