# OP \$40,00 29616

## 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.		04/01/2005	CORPORATION: MINNESOTA

## **RECEIVING PARTY DATA**

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

## PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Registration Number:	2961613	CHARGEBACK DEFENDER

## **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 North Market Street

Address Line 2: Suite 501

Address Line 4: Wilmington, DELAWARE 19801

ATTORNEY DOCKET NUMBER:	HARGEBACK DEFENDER	
NAME OF SUBMITTER:	Jacqueline Gregorski	
Signature:	/Jacqueline Gregorski/	

TRADEMARK
REEL: 004230 FRAME: 0918

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Date:	06/24/2010
Total Attachments: 1 source=LNpublicrecordstoLNriskmanagement#page1.tif	

TRADEMARK REEL: 004230 FRAME: 0919



DC-CN



### MINNESOTA SECRETARY OF STATE

# AMENDMENT OF ARTICLES OF INCORPORATION

### READ INSTRUCTIONS LISTED BELOW, BEFORE COMPLETING THIS FORM.

<ol> <li>Type or print in black ink.</li> <li>There is a \$35.00 fee payable to the Secretary of State for filing this "Amendment of Articles of Incorporation".</li> <li>Return Completed Amendment Form and Fee to the address listed on the bottom of the form.</li> </ol>				
CORPORATE NAME: (List the name of the company price LexisNexis Public Records Data Service)	•	change)		
Lexisteris i ubilic frecords Data Service	<del></del>			
This amendment is effective on the day it is filed with the 30 days after filing with the Secretary of State.	•	rss you indicate another date, no later than  ### The state of the content of the		
	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				
The name of the Corporation is LexisNexis Risk	Management Inc.	STATE OF MINNESOT, DEPARTMENT OF STATE FILED  APR () 1 2005  Many Hiffman		
This amendment has been approved pursuant to Minneso	ota Statutes chanter 30	Recretary of Star		
execute this amendment and I further certify that I undersof perjury as set forth in section 609.48 as if I had signed	stand that by signing this	s amendment, I am subject to the penalties		
		(Signature of Authorized Person)		

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

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

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.

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Please print legibly

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**RECORDED: 06/24/2010**