

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
LexisNexis Risk Management Inc.		09/22/2006	CORPORATION: MINNESOTA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	LexisNexis Risk & Information Analytics Group Inc.		
<b>Street Address:</b>	6601 Park of Commerce Boulevard		
<b>City:</b>	Boca Raton		
<b>State/Country:</b>	FLORIDA		
<b>Postal Code:</b>	33487		
<b>Entity Type:</b>	CORPORATION: MINNESOTA		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
Registration Number:	2961613	CHARGEBACK DEFENDER	
<b>CORRESPONDENCE DATA</b>			
Fax Number:	(302)884-8300		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	3028848309		
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:	CHAREBACK DEFENDER		
NAME OF SUBMITTER:	Jacqueline Gregorski		
Signature:	/Jacqueline Gregorski/		
Date:	07/01/2010		

OP \$40.00 2961613

Total Attachments: 2

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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 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.

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

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 Service at 1-800-627-3529 and ask them to place a call to (651)296-2803.

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STATE OF MINNESOTA  
DEPARTMENT OF STATE  
FILED

SEP 21 2006

STATE OF MINNESOTA  
DEPARTMENT OF STATE  
Secretary of State

DATED

TRADEMARK

REEL: 004235 FRAME: 0432

**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 4/7/08

Mark Ritchie

Secretary of State



By

[Signature]