

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:	1000 Alderman Dr		
City:	Alpharetta		
State/Country:	GEORGIA		
Postal Code:	30005		
Entity Type:	CORPORATION: MINNESOTA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	74578042	TOPLIST	
CORRESPONDENCE DATA			
Fax Number:	(302)884-8300		
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>			
Email:	renee.simonton@reipmsi.com		
Correspondent Name:	Renee Simonton		
Address Line 1:	1105 North Market St		
Address Line 2:	Suite 501		
Address Line 4:	Wilmington, DELAWARE 19801		
ATTORNEY DOCKET NUMBER:	TOPLIST - LN RISK SOL FL		
NAME OF SUBMITTER:	Renee Simonton		
Signature:	/renee simonton/		
Date:	04/15/2011		
Total Attachments: 1 source=riag to LN rsfl#page1.tif			

OP \$40.00 74578042



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.

Signature of 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.

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED

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

DEC 14 2009

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.

Signature of Mark Ritchie
Secretary of State

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