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 Management Inc.		09/22/2006	CORPORATION: MINNESOTA

RECEIVING PARTY DATA

Name:	LexisNexis Risk & Information Analytics Group Inc.
Street Address:	100 South Fifth Street, 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:	2496385	FRAUDDEFENDER

CORRESPONDENCE DATA

Fax Number: (302)884-8300

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

trademarks@reilaw.com

Correspondent Name: Reed Elsevier Intellectual Property Address Line 1: 1105 North Market Street, Suite 501

Address Line 2: FIFTH FLOOR

Address Line 4: Wilmington, DELAWARE 19801

NAME OF SUBMITTER:	RENEE SIMONTON
Signature:	/renee simonton/
Date:	11/02/2006

Total Attachments: 2

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TRADEMARK

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MINNESOTA SECRETARY OF STATE

AMENDMENT OF ARTICLES OF INCORPORATION

READ INSTRUCTIONS LISTED BELOW, BEFORE COMPLETING THIS FORM.

LEXISNEXIS	NAME: (List the name of the company prior to	o any desired name change)		
LEXISNEXIS RISK MANAGEMENT INC.				
	ent is effective on the day it is filed with the Se filing with the Secretary of State	cretary of State, unless you	indicate another date, r	o later than
	***************************************	Format (mm/dd/	уууу)	
inicie(s) indica	amendment(s) to articles regulating the above of sting which article(s) is (are) being amended or a d, attach additional numbered pages. (Total nur ARTICLE	added.) If the full text of the ar mber of pages including this	mendment will not list in th	
"I. The name	of the corporation is LexisNexts Risk & Inform	nation Auslytics Group Inc."		
(ecute this air	nt has been approved pursuant to Minnesota S nendment and I further certify that I understand I forth in section 609,48 as if I had signed this	d that by signing this amendr amendment under oath	ment, I am subject to the	e penallies
ime and lelep	hone number of contact person: Raise Simon	iton, Vice President	(302)	884-8311
		Please print legibly	A Stephen addressed and the standard and sta	and AsikiE
				ドラインと ()と いれいいた
rou have any	questions please contact the Secretary of State	e's office at (651)296ATO2	Section 47 35	DEPARTMENT OF S
ETURN TO:	Secretary of State Business Sections Division	Aif I	Pariment of St	• • • • • • • • • • • • • • • • • • • •
ETURN TO:	Secretary of State, Business Services Divisio 150 State Office Bidg., 100 Rev. Dr. Martin Luti	ther King Ir. Blvd orth to vous canceled Chess Executes to process this tiling. Failu.	Pad MENT OF STA by certify that this of correlate cor- ent as his citaling supprior shiver of or or	musob
of the information will page 2 Secretary of the provision (e.e., by calling (6)	Secretary of State, Business Services Divisio 150 State Office Bidg., 100 Rev. Dr. Martin Luti St. Paul, MN 55155-1299, (651)296-2803 Make Check Payable to the "Secretary of State" Yo ation on this form is public and required in orde	cher King ir Bivd orli to vour canceled Chert Evatures or to process this tiling. Failulessing this filing, siss of race, creed, color, sex assistance, or political opinicable in alternative formats, si	Part MENT OF STA	TASpecretary of St

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STATE OF MINNESOTA

DEPARTMENT OF STATE

I hereby certify that this is a true and complete copy of the document as hied for record in this office.

DATED 9-22-04

Mary Kyfmuser

Section State

By Comme Kyfmuser

RECORDED: 11/02/2006

TRADEMARK
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