

1.) CORPORATION NAME:

LexisNexis Special Services Inc.

DUE DATE: **3/31/2011**

SCC ID NO: **F1700584**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1150 18TH STREET NW SUITE 250

CITY/ST/ZIP: WASHINGTON, DC 20036-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: HAYWOOD TALCOVE
TITLE: PRESIDENT
ADDRESS: 1150 18TH STREET NW SUITE 250
CITY/ST/ZIP/CO: WASHINGTON, DC 20036-

OFFICER

DIRECTOR

NAME: JAMES WORRALL
TITLE: GEN COUN/SEC
ADDRESS: 1150 18TH ST NW SUITE 250
CITY/ST/ZIP/CO: WASHINGTON, DC 20036-

OFFICER

DIRECTOR

NAME: FLOYD I CLARKE
TITLE: DIRECTOR
ADDRESS: 1150 18TH STREET NW SUITE 250
CITY/ST/ZIP/CO: WASHINGTON, DC 20036-

OFFICER

DIRECTOR

NAME: CHARLES J CUNNINGHAM JR
TITLE: DIRECTOR
ADDRESS: 1150 18TH STREET NW SUITE 250
CITY/ST/ZIP/CO: WASHINGTON, DC 20036-

OFFICER

DIRECTOR

NAME: RICHARD J KERR
TITLE: DIRECTOR
ADDRESS: 1150 18TH STREET NW SUITE 250
CITY/ST/ZIP/CO: WASHINGTON, DC 20036-

OFFICER

DIRECTOR

NAME: JAMES PECK TITLE: DIRECTOR ADDRESS: 1000 ALDERMAN DRIVE CITY/ST/ZIP/CO: ALPHARETTA, GA 30005-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DON WELSKO TITLE: DIRECTOR ADDRESS: 1000 ALDERMAN DRIVE CITY/ST/ZIP/CO: ALPHARETTA, GA 30005-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KENNETH MINIHAN TITLE: DIRECTOR ADDRESS: 1150 18TH ST NW CITY/ST/ZIP/CO: WASHINGTON, DC 20036-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ALAN WADE TITLE: DIRECTOR ADDRESS: 1150 18TH STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20036-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BRIAN STAFFORD TITLE: DIRECTOR ADDRESS: 1150 18TH STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20036-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DEREK PARKS TITLE: TREASURER ADDRESS: 1150 18TH STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20036-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: HOWARD SAFIR TITLE: DIRECTOR ADDRESS: 1150 18TH STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20036-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: HENRY HORBACZEWSKI TITLE: DIRECTOR ADDRESS: 125 PARK AVE CITY/ST/ZIP/CO: NEW YORK, NY 10017-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ HENRY HORBACZEWSKI _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	HENRY HORBACZEWSKI, DIRECTOR _____ PRINTED NAME AND CORPORATE TITLE
2/7/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	