

1.) CORPORATION NAME:

**LexisNexis Special Services Inc.**

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1700584**

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.

<p>NAME: HAYWOOD TALCOVE TITLE: PRESIDENT ADDRESS: 1150 18TH STREET NW SUITE 250 CITY/ST/ZIP/CO: WASHINGTON, DC 20036</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JAMES WORRALL TITLE: GEN COUN/SEC ADDRESS: 1150 18TH ST NW SUITE 250 CITY/ST/ZIP/CO: WASHINGTON, DC 20036</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: DEREK PARKS TITLE: TREASURER ADDRESS: 1150 18TH STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20036</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: FLOYD I CLARKE TITLE: DIRECTOR ADDRESS: 1150 18TH STREET NW SUITE 250 CITY/ST/ZIP/CO: WASHINGTON, DC 20036</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: CHARLES J CUNNINGHAM JR TITLE: DIRECTOR ADDRESS: 1150 18TH STREET NW SUITE 250 CITY/ST/ZIP/CO: WASHINGTON, DC 20036</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: RICHARD J KERR TITLE: DIRECTOR ADDRESS: 1150 18TH STREET NW SUITE 250 CITY/ST/ZIP/CO: WASHINGTON, DC 20036</p>	<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: 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: 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: HENRY UDOW TITLE: DIRECTOR ADDRESS: 125 PARK AVE CITY/ST/ZIP/CO: NEW YORK, NY 10017	<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: DON WELSKO TITLE: DIRECTOR ADDRESS: 1000 ALDERMAN DRIVE CITY/ST/ZIP/CO: ALPHARETTA, GA 30005	<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/ JAMES WORRALL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES WORRALL, GEN COUN/SEC PRINTED NAME AND CORPORATE TITLE	2/7/2014 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.		