

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS**

Civil Docket No.: **06 CA 11370 MLW**

Christine. Varad,
Plaintiff,

v.

Reed Elsevier Incorporated,
d.b.a. *Lexis Nexis Corporation*,
Lexis Nexis Accurint,
Defendant.

EXHIBIT A

Doc ID --> 200615000212



| DATE | DOCUMENT ID | DESCRIPTION | FILING | EXPED | PENALTY | CERT | COPY |
|------------|--------------|---------------------------------------|--------|--------|---------|------|------|
| 05/30/2006 | 200615000212 | FICTITIOUS NAME/ORIGINAL FILING (NFO) | 50 00 | 100 00 | .00 | 00 | 00 |

Receipt

This is not a bill. Please do not remit payment.

CORPORATION SERVICE COMPANY
ATTN: LISA VAIDO
887 SOUTH HIGH STREET
COLUMBUS, OH 43206

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1626118

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

LEXISNEXIS

and, that said business records show the filing and recording of:

Document(s)

FICTITIOUS NAME/ORIGINAL FILING

Expiration Date. 05/26/2011

Document No(s):

200615000212

REED ELSEVIER INC.
2 NEWTON PLACE SUITE 350
NEWTON, MA 024581637



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 26th day of May, A.D.
2006.

J. Kenneth Blackwell
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**
 Ohio Secretary of State
 Central Ohio (614) 466-3910
 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
 e-mail busserv@sos.state.oh.us

| | |
|------------------------------------|--|
| Expedite this Form: (Select One) | |
| Mail Form to one of the Following: | |
| <input type="radio"/> Yes | PO Box 1390 Columbus, OH 43216 -- Requires an additional fee of \$100 -- |
| <input type="radio"/> No | PO Box 670 Columbus, OH 43216 |

NAME REGISTRATION
 (For Domestic/Foreign Profit or Non-Profit)
 Filing Fee \$50.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING.

(CHECK ONLY ONE (1) BOX)

| | | |
|---|--|---|
| (1) <input type="checkbox"/> Trade Name (167-RNO) Date of first use _____ MM/DD/YYYY | (2) <input checked="" type="checkbox"/> Fictitious Name (169-NFO) | (3) Name Reservation (160-NRO) |
| | | <input type="checkbox"/> Original <input type="checkbox"/> Renewal Registration No _____ |

Complete the information in this section if box (1) or (2) is checked.

The exact name being registered or reported is _____ LexisNexis

The Registrant is (Check Appropriate Box)

| | |
|---|---|
| <input type="checkbox"/> Individual | <input checked="" type="checkbox"/> Foreign Corporation incorporated in the state of <u>Massachusetts</u> holding Ohio license no <u>694656</u> |
| <input type="checkbox"/> Limited Partnership Reg No _____ | <input type="checkbox"/> Unincorporated Association |
| <input type="checkbox"/> Ohio Limited Liability Co., Reg No _____ | <input type="checkbox"/> Foreign Limited Liability Co holding Ohio Reg No _____ organized in the state of _____ |
| <input type="checkbox"/> Ohio Corporation, Charter No _____ | |
| <input type="checkbox"/> General Partnership | |
| <input type="checkbox"/> Other _____ | |

The name of the registrant designated above is _____
Reed Elsevier Inc.

NOTE: Where the registrant is a partnership, the name of the partnership must appear on this line. If the registrant is a foreign corporation licensed in Ohio under an assumed name, both the assumed name and actual corporate title of such corporation must appear on this line.

The business address of the registrant is

2 Newton Place, Suite 350
 (Street) NOTE: P.O. Box Addresses are NOT acceptable.

Newton Middlesex Massachusetts 02458-1637
 (City) (County) (State) (Zip Code)

Complete the information in this section if box (1) or (2) is checked Cont.

Complete only if registrant is a general partnership
NAME OF ALL GENERAL PARTNERS **COMPLETE RESIDENTIAL ADDRESSES (including zip code)**

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign (out-of-state) corporation, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation licensed in Ohio under an assumed name, please note both the assumed name and actual corporate title of such general partner.

The nature of the business conducted by the registrant under the trade or fictitious name is (please be specific)

Computer assisted legal and business information services.

Complete the information in this section if box (3) is checked.

Please reserve the name listed below (only one name per form)

Please reserve the first name available in the order of my preference

I understand that I am not guaranteed the reservation UNTIL I RECEIVE WRITTEN CONFIRMATION FROM THE SECRETARY OF STATE'S OFFICE STATING THAT THE NAME HAS BEEN REGISTERED TO ME.

The name reservation is valid for a period of 180 days

(First Choice) _____

(Second Choice) _____

(Third Choice) _____

(Applicant) _____ (Print Name) _____

(Address) _____

(City, State and Zip Code) _____

REQUIRED
 Must be authenticated (signed)
 by an authorized representative
 (See Instructions)

Linda G. Bottoms

Authorized Representative
 Linda G. Bottoms, Asst. Secretary

Authorized Representative

May 23, 2006

Date

Date



| DATE: | DOCUMENT ID | DESCRIPTION | FILING | EXPED | PENALTY | CERT | COPY |
|------------|--------------|------------------------|--------|-------|---------|------|------|
| 10/04/2006 | 200627701346 | NAME RESERVATION (NRO) | 50.00 | .00 | .00 | .00 | .00 |

Receipt

This is not a bill. Please do not remit payment.

CT CORPORATION SYSTEM
ATTN: TIMOTHY ROBERSON
17 S. HIGH ST., SUITE 1100
COLUMBUS, OH 43215

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, J. Kenneth Blackwell

1651834

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

LEXISNEXIS RISK & INFORMATION ANALYTICS GROUP, INC.

and, that said business records show the filing and recording of:

Document(s)
NAME RESERVATION

Document No(s):
200627701346



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 12th day of September,
A.D. 2006.

J. Kenneth Blackwell
Ohio Secretary of State

Doc ID -->

200627701346



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State
 Central Ohio: (614) 466-3910
 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
 e-mail: busserv@sos.state.oh.us

| | |
|-----------------------------------|--|
| Expedite this Form: (Robert Over) | |
| <input type="radio"/> Yes | PO Box 1390 Columbus, OH 43218 ** Requires an additional fee of \$100 ** |
| <input type="radio"/> No | PO Box 670 Columbus, OH 43218 |

NAME REGISTRATION
 (For Domestic/Foreign Profit or Non-Profit)
 Filing Fee \$50.00

RECEIVED
 SEP 1 2 2006

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

| | | |
|---|---|---|
| (1) <input type="checkbox"/> Trade Name (187-RNO) Date of first use _____ MM/DD/YYYY | (2) <input type="checkbox"/> Fictitious Name (189-NFO) | (3) Name Reservation (180-NRO) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Renewal Registration No _____ |
|---|---|---|

J. KENNETH BLACKWELL
 SECRETARY OF STATE

Complete the information in this section if box (1) or (2) is checked.

The exact name being registered or reported is _____

The Registrant is (Check Appropriate Box)

| | |
|---|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Foreign Corporation incorporated in the state of _____ holding Ohio license no. _____ |
| <input type="checkbox"/> Limited Partnership: Reg. No. _____ | <input type="checkbox"/> Unincorporated Association |
| <input type="checkbox"/> Ohio Limited Liability Co., Reg. No. _____ | <input type="checkbox"/> Foreign Limited Liability Co. holding Ohio Reg. No. _____ organized in the state of _____ |
| <input type="checkbox"/> Ohio Corporation, Charter No. _____ | |
| <input type="checkbox"/> General Partnership | |
| <input type="checkbox"/> Other _____ | |

The name of the registrant designated above is _____

NOTE: Where the registrant is a partnership, the name of the partnership must appear on this line. If the registrant is a foreign corporation licensed in Ohio under an assumed name, both the assumed name and actual corporate title of such corporation must appear on this line.

The business address of the registrant is _____

(Street) NOTE: P.O. Box Addresses are NOT acceptable.

(City) (County) (State) (Zip Code)

Doc ID -->

200627701346

Complete the information in this section if box (1) or (2) is checked Cont.

Complete only if registrant is a general partnership
NAME OF ALL GENERAL PARTNERS **COMPLETE RESIDENTIAL ADDRESSES (Including zip code)**

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign (out-of-state) corporation, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation licensed in Ohio under an assumed name, please note both the assumed name and actual corporate title of such general partner.

The nature of the business conducted by the registrant under the trade or fictitious name is (please be specific)

Complete the information in this section if box (3) is checked.

Please reserve the name listed below. (only one name per form)
 Please reserve the first name available in the order of my preference.

I understand that I am not guaranteed the reservation UNTIL I RECEIVE WRITTEN CONFIRMATION FROM THE SECRETARY OF STATE'S OFFICE STATING THAT THE NAME HAS BEEN REGISTERED TO ME

The name reservation is valid for a period of 180 days.

LexisNexis Risk & Information Analytics Group, Inc
 (First Choice)

 (Second Choice)

 (Third Choice)

CT Corporation System
 (Applicant) (Print Name)

17 South High Street, Suite 1100
 (Address)

Columbus, Ohio 43215
 (City, State and Zip Code)

REQUIRED
 Must be authenticated (signed)
 by an authorized representative
 (See Instructions)

 Authorized Representative

 Date

James H. Tanks III
 Authorized Representative

9/12/2006
 Date

James H. Tanks III
Assistant Secretary



The State of Ohio

Bob Taft

Secretary of State

RN208273

Certificate

It is hereby certified that the Secretary of State of Ohio has custody of the Records of Incorporation and Miscellaneous

Filing; that said records show the filing and recording of: RNO MIS

of:

LEXIS-NEXIS

APPLICANT/ASSIGNEE: REED ELSEVIER INC.
ADDRESS: 275 WASHINGTON ST
NEWTON MA 02158

STATE OF INCORP: MA

DATE OF 1ST USE: 12/03/1994
EXPIRATION DATE: 11/01/2000

United States of America
State of Ohio
Office of the Secretary of State

Recorded on Roll 5312 at Frame 1161 of
the Records of Incorporation and Miscellaneous Filings.

Witness my hand and the seal of the Secretary of State at

Columbus, Ohio, this 1ST day of NOV .

A.D. 19 95 .



Bob Taft
Bob Taft
Secretary of State



Prescribed by BOB TAPT, Secretary of State

05303-2147

Approved [Signature] Date 1/10/95 Fee \$20.00

9510202301

TRADE NAME REGISTRATION

1. The exact Trade Name being registered is LEXIS-NEXIS

(SEE INSTRUCTIONS # 1 ON REVERSE)

Please note that registration of a trade name is NOT an AUTHORIZATION from the Secretary of State's office to use the name Registration under a particular name means that the name is available for registration pursuant to the name availability standard set forth in Ohio Revised Code Section 1329.02 Registration with the Secretary of State's office will not protect the user from any lawful claims of persons/entities having superior rights in the same or a similar name

- 2. The registrant is: (check appropriate box)
- an individual
- a General Partnership
- a Limited Partnership; County in OHIO where certificate or application of limited partnership is filed is
- an Ohio corporation, charter no.
- a foreign corporation incorporated in the state of Massachusetts holding Ohio license no. 694656 (SEE INSTRUCTIONS # 2 ON REVERSE)
- an unincorporated association (NOTE Ohio has no provision for limited liability companies, if registrant is a limited liability company please check this box)

3. The name of the registrant designated in item 2 is: Reed Elsevier Inc.

NOTE: Where the registrant is a partnership, the name of the partnership must appear on this line. If the registrant is a foreign corporation licensed in Ohio under an assumed name, both the assumed name and actual corporate title of such corporation must appear on this line.

4. The business address of the registrant is: 275 Washington Street
Newton Middlesex County, MA 02158
(City, village or Township) (Street address) (State) (Zip Code)

NOTE: P.O. Box addresses are not acceptable.

5. Complete only if registrant is a partnership:

NAMES OF ALL GENERAL PARTNERS

COMPLETE RESIDENCE ADDRESS including zip code:

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign (out-of-state) corporation, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation licensed in Ohio under an assumed name, please note both the assumed name and actual corporate title of such general partner.

6. The nature of business conducted by the registrant under the trade name is (please be specific): Computer-assisted legal and business information services

7. The registrant has been using this trade name since: 12 / 03 / 94 (SEE INSTRUCTION # 3 ON REVERSE) month day year

This document is signed by a corporate officer, general partner, association member or officer, or the individual registrant.

By: [Signature] Henry Z. Mcrbaczewski, Vice President General Counsel and Clerk

TRADENM

CORPORATE SERVICES OF OHIO, INC.



50 West Broad Street, Suite 1120
Columbus, Ohio 43215

~~05912-0062~~

Telephone
(614) 464-2400
FAX
(614) 464-1505

TO: SECRETARY OF STATE
FROM: RUTH M. HARRISTON
DATE: November 1, 1995

EXPEDITED FILING FEE \$30.00

Articles of Incorporation/Organization

LEXIS-NEXIS

Certificate of:

- Amendment/Amended Articles
- Restatement of Art. of Org.
- Amendment to Art. of Org.
- Limited Partnership
- Amendment of Limited Partnership
- Restated Limited Partnership
- Cancellation of Ltd. Partnership
- Dissolution
- Merger/Consolidation
- Partnership with Limited Liability
- Withdrawal/Reinstatement
- Annual Report

- Foreign License Application
- Name Change/Merger Recital
- Surrender/Reinstatement
- Agent or Form 7 Report
- Foreign Limited Liability Company
- Correction/Cancellation
- Foreign Limited Partnership
- Correction
- *Trade Name/~~Registered~~ ~~Mark~~
- Trade Mark/Service Mark Regis.
- Agent Miscellaneous Filing

OTHER:

CERTIFICATION:

*EXPEDITED FILING *HOLD FOR PICK UP

RETURN FILED DOCUMENT TO:

CS 111/6/95

PROMPT PROFESSIONAL SERVICE

Doc ID --> 5312_1159

OHIO SECRETARY OF STATE
PROCESSING STATEMENT
11/02/95

~~05312-1159~~

CHAPTER NUMBER: R0209273
ROLL AND FRAME: 5312-1159

| CORPORATION: | DOCUMENT NUMBER | CODE | FEF |
|--------------|-----------------|------|-------|
| | ----- | ---- | --- |
| LEXIS-NEXIS | 95110202301 | RNO | 20.00 |
| | 95110202301 | MIS | 10.00 |

044021

RETURN TO: CORPORATE SERVICES OF OHIO, INC.
ATTN: K M HARRISTON
53 W BROAD ST STE 1120
COLUMBUS OH 43215

TOTAL : 30.00

0591

F06000006281

Florida Department of State
Division of Corporations
Public Access System

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((H06000241944 3)))



H060002419443ABC/

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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT -2 PM 12:35

FOREIGN PROFIT/NONPROFIT CORPORATION

LexisNexis Risk & Information Analytics Group Inc.

| | |
|-----------------------|------------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 06 |
| Estimated Charge | \$1,228.75 |

Electronic Filing Menu

Corporate Filing Menu

Help

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. LEXISNEXIS RISK & INFORMATION ANALYTICS GROUP INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Minnesota 3. 41-1815890
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. December 21, 1994 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. April 1, 2005
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6601 Park of Commerce Blvd, Boca Raton, Florida 33487
(Principal office address)

same
(Current mailing address)

8. provision of online information, publishing, investigation and research services
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

CT Corporation System

Jeffrey D. Butterfield
Assistant Secretary

By: Jeffrey D. Butterfield
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

FL-019 - EXHIBIT C Y System Online

FILED
SECRETARY OF STATE'S
DIVISION OF CORPORATIONS
OCT - 2 PM 12:35

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT -2 PM 12:35

A. DIRECTORS

Chairman: see attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: see attached

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Charles P. Fontaine, Vice President - Tax
(Signature of Director or Officer listed in number 12 of the application)

14. Charles Fontaine, Vice President
(Typed or printed name and capacity of person signing application)

MS10 - 00000000 CT System Online

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DIVISION OF CORPORATIONS
06 OCT -2 PM 12:35

LEXISNEXIS RISK & INFORMATION ANALYTICS GROUP INC.

Peck, James M.-Director, President, Chief Executive Officer
6801 Park of Commerce Blvd,
Boca Raton, Florida 33487

Sanford, Kurtis P.-Director, Chair
9443 Springboro Pike
Miamisburg, Ohio 45342

Thompson, Kenneth R.-Director, Vice President, Secretary
9443 Springboro Pike
Miamisburg, Ohio 45342

Fogarty, Kenneth E.-Director, Vice President-Financial Services, Treasurer
2 Newton Place
Suite 350
Newton, MA 02458

Horbaczowski, Henry Z.-Director, Secretary
2 Newton Place
Suite 350
Newton, MA 02458

DeMarco, Michele L.-Assistant Treasurer
2 Newton Place
Suite 350
Newton, MA 02458

Dzierzynski, Laura-Chief Marketing Officer, Vice President
6801 Park of Commerce Blvd,
Boca Raton, Florida 33487

Escalante, Armando J.-Chief Technology Officer
6801 Park of Commerce Blvd,
Boca Raton, Florida 33487

Fontaine, Charles P.-Vice President-Tax, Assistant Treasurer, Assistant Secretary
2 Newton Place
Suite 350
Newton, MA 02458

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT -2 PM 12:35

LEXISNEXIS RISK & INFORMATION ANALYTICS GROUP INC.

**Fornica, Lynn M.-Assistant Treasurer
2 Newton Place
Suite 350
Newton, MA 02458**

**Hlavac, Linda M.-Vice President-Human Resources
121 Chanton Road
New Providence, NJ 07974**

**Simonton, Renee-Vice President, Assistant Secretary
1105 North Market Street
Suite 301
Wilmington, Delaware 19801**

**Swift, James P.-Chief Operating Officer
8901 Park of Commerce Blvd,
Boca Raton, Florida 33487**

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

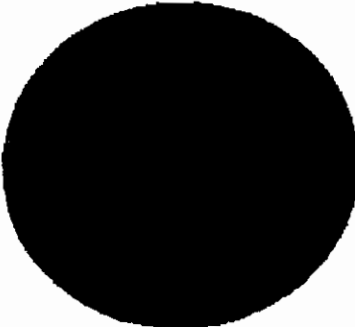
Name: LexisNexis Risk & Information Analytics Group Inc.

Date Formed: 12/21/1994

Chapter Governed By: 302A

This certificate has been issued on 09/25/06.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT -2 PM 12:36

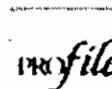


Mary Kiffmeyer
Secretary of State.



WELCOME TO THE OFFICE OF THE
Minnesota

Secretary of State Online Access



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BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY

| | | | |
|-----------------------------------|--|-------------------------------------|----------------------|
| Filing Number: | 8M-543 | Entity Type: | Domestic Corporation |
| Original Date of Filing: | 12/21/1994 | Entity Status: | Active |
| Chapter: | 302A | Good Standing: | 2007 |
| | | (date of last annual filing) | |
| Duration: | Perpetual | | |
| Name: | LexisNexis Risk & Information Analytics Group Inc. | | |
| Registered Office Address: | 380 Jackson Str #418 St Paul, MN, 55101 | | |
| Agent Name: | LexisNexis Document Solutions | | |

[Additional Entity Detail](#)

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