



**COMMONWEALTH OF KENTUCKY**  
**ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

**0343706.09**

mmoore  
ASN

**Michael G. Adams**  
**Kentucky Secretary of State**  
 Received and Filed:  
 4/25/2023 2:22 PM  
 Fee Receipt: \$20.00

**Division of Business Filings**  
**Business Filings**  
 PO Box 718  
 Frankfort, KY 40602  
 (502) 564-3490  
 www.sos.ky.gov

**Certificate of Assumed Name**  
**(Domestic or Foreign Business Entity)**

**ASN**

Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is: LexisNexis
2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name: RELX Inc.

Name must be identical to the name on record with the Secretary of State.)

3. The "real name" is (you must check one):

<input type="checkbox"/> a Domestic General Partnership	<input type="checkbox"/> a Foreign General Partnership
<input type="checkbox"/> a Domestic Limited Liability Partnership	<input type="checkbox"/> a Foreign Limited Liability Partnership
<input type="checkbox"/> a Domestic Limited Partnership	<input type="checkbox"/> a Foreign Limited Partnership
<input type="checkbox"/> a Domestic Business Trust	<input type="checkbox"/> a Foreign Business Trust
<input type="checkbox"/> a Domestic Corporation	<input checked="" type="checkbox"/> a Foreign Corporation
<input type="checkbox"/> a Domestic Limited Liability Company	<input type="checkbox"/> a Foreign Limited Liability Company

4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_  
 (Delayed effective date and/or time)

5. The business is organized and existing in the state or country of Delaware

6. The mailing address is:

<u>1105 North Market Street, Suite 501-RELX</u>	<u>Wilmington</u>	<u>DE</u>	<u>19801</u>
Street Address or Post Office Box Numbers	City	State	Zip

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

<u>Renee Simonton</u>	<u>Renee Simonton</u>	<u>Vice President</u>	<u>4/17/2023</u>
Authorized Party Signature	Printed Name	Title	Date