

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90240 019 ***150.00

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DOCUMENT # F02000004533 1. Entity Name INTERACTIVE DATA DEVELOPMENT, INC.					
Principal Place of Business 11121 KINGSTON PIKE, SUITE E KNOXVILLE, TN 37922-2890			Mailing Address PO BOX 24119 KNOXVILLE, TN 37933-2119		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 62-1666940	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CATLIN, BERRY 4788 MAID MARIAN LANE SARASOTA, FL 34232				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCEO		TITLE		
NAME	HODGES, DOYAL H		NAME		
STREET ADDRESS	P.O. BOX 24119		STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE, TN 379332119		CITY-ST-ZIP		
TITLE	V		TITLE		
NAME	BOLT, DAVID		NAME		
STREET ADDRESS	P.O. BOX 24119		STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE, TN 379332119		CITY-ST-ZIP		
TITLE	V		TITLE		
NAME	SHOWS, THAD N		NAME		
STREET ADDRESS	P.O. BOX 24119		STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE, TN 379332119		CITY-ST-ZIP		
TITLE	ST		TITLE		
NAME	HODGE, CINDY		NAME		
STREET ADDRESS	P.O. BOX 24119		STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE, TN 379332119		CITY-ST-ZIP		
TITLE			TITLE		
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TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>[Signature]</i></u> BOES/CEO 48.04/865-218-3616 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					