

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90040 002 \*\*\*150.00

**DOCUMENT # F94000002720**

1. Entity Name  
 INTERACTIVE DATA CORPORATION



Principal Place of Business  
 32 CROSBY DRIVE  
 BEDFORD, MA 01730

Mailing Address  
 100 EXECUTIVE DRIVE  
 SUITE 335  
 WEST ORANGE, NJ 07052

**54009734**

**DO NOT WRITE IN THIS SPACE**



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3668779	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIRSCHFIELD, ALAN J 1150 FALL CREEK ROAD WILSON, WY 83014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TESSLER, ALLAN R 1100 W. PINE SISKIN RD. JACKSON, WY 83001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRANE, STEVEN 4 MICHAEL LANE SUDBURY, MA 01776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NISIVOCIA, THOMAS J 12 KNOLLWOOD TRAIL EAST MENDHAM, NJ 07945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, STUART 74 RODGERS ROAD CARLISLE, MA 01741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  2/18/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_