

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 08:00 AM
Secretary of State

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**



01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3668779

Applied For
Not Applicable

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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

000000276515
03/25/05-80003-007 150.00

**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)(f), 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:

Thomas J. Nisivocia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas J. Nisivocia
Date

3/25/05
Daytime Phone #