2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90427 018 ***150.00

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1. Entity Name
INTERACTIVE DATA CORPORATION

50018159

Principal Place of Business	Mailing Address
32 CROSBY DRIVE BEDFORD, MA 01730	100 EXECUTIVE DRIVE SUITE 335 WEST ORANGE, NJ 07052

04212006 No Chg-P CR2E034 (11/05)

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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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] Thomas Nisivoccia 4.27.06 (973) 736-5421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #