

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90026 047 ***150.00

DOCUMENT # F94000002720

1. Entity Name
INTERACTIVE DATA CORPORATION



Principal Place of Business
99 CHERRY HILL ROAD, SUITE 300
PARSIPPANY, NJ 07051

Mailing Address
99 CHERRY HILL ROAD, SUITE 300
PARSIPPANY, NJ 07051

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222007 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
HIRSCHFIELD, ALAN J
1150 FALL CREEK ROAD
WILSON, WY 83014 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
TESSLER, ALLAN R
1100 W. PINE SISKIN RD.
JACKSON, WY 83001 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

V
CRANE, STEVEN
4 MICHAEL LANE
SUDBURY, MA 01776 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

S
NISIVOCIA, THOMAS J
12 KNOLLWOOD TRAIL EAST
MENDHAM, NJ 07945 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

P
CLARK, STUART
74 RODGERS ROAD
CARLISLE, MA 01741 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Director
Robert C. Lamb ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Treasurer
Andrew J. Hajducky, III
15 Red Fox Avenue
Carlisle, MA 01741 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

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 an officer like empowered

SIGNATURE: *Thomas J. Nisivocia* THOMAS J. NISIVOCIA 2.8.07 973-402-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #