2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002720

Title: Name:

Address: City-St-Zip: NISIVOCCIA, THOMAS J 99 CHERRY HILL ROAD

PARSIPPANY, NJ 07054

Entity Name: INTERACTIVE DATA CORPORATION

FILED Jan 06, 2012 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|---|--|----------------------------------|------------------------------------|--------------------------------------|
| 32 CROSE BEDFORD | BY DR D, MA 01730 | | | |
| Current Mailing Address: | | | New Mailing Address: | |
| | RY HILL ROAD ANY, NJ 0705 | | | |
| FEI Number: 13-3668779 | | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | |
| 1200 SOU | ORATION SYS TH PINE ISLA ON, FL 33324 | ND ROAD | | |
| | named entity e of Florida. | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, |
| SIGNATUR | RE: | | | |
| | Electron | nic Signature of Registered Age | ent | Date |
| OFFICERS | S AND DIREC | TORS: | | |
| Title: Name: Address: City-St-Zip: | P SLAINE, MASC 100 WILLIAM S NY, NY 10038 | ST | | |
| Title: Name: Address: City-St-Zip: | T CHIPPARI, VIN 32 CROSBY D BEDFORD, MA | RIVE | | |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TOM NISIVOCCIA AS 01/06/2012