

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07031 (8)

1. Corporation Name
INTERACTIVE DATA CORPORATION



Principal Place of Business: 95 HAYDEN AVENUE, LEXINGTON MA 02173
Mailing Address: 95 HAYDEN AVENUE, LEXINGTON MA 02173

3. Date Incorporated or Qualified: 08/07/1985
3a. Date of Last Report: 05/01/1995
4. FEI Number: 13-2784145
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
22. Suite, Apt. #, etc.: 27
23. City & State: 28
24. Zip: 25 Country: 29 Zip: 30 Country: 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input checked="" type="checkbox"/>
NAME	RAIKES, CHARLES F. G.	
STREET ADDRESS	187 DANBURY ROAD	
CITY-ST-ZIP	WILTON CT	
TITLE	DC	<input checked="" type="checkbox"/>
NAME	TAYLOR, VOLNEY	
STREET ADDRESS	187 DANBURY ROAD	
CITY-ST-ZIP	WILTON CT	
TITLE	DPS	<input checked="" type="checkbox"/>
NAME	RUTHERFORD, JOHN J	
STREET ADDRESS	95 HAYDEN AVENUE	
CITY-ST-ZIP	LEXINGTON MA	
TITLE	VP	<input type="checkbox"/>
NAME	CHANNER, WAYNE C.	
STREET ADDRESS	95 HAYDEN AVENUE	
CITY-ST-ZIP	LEXINGTON MA	
TITLE	VPS	<input type="checkbox"/>
NAME	HAUSAFUS, KURT	
STREET ADDRESS	95 HAYDEN AVENUE	
CITY-ST-ZIP	LEXINGTON MA	
TITLE	VP	<input type="checkbox"/>
NAME	CARLTON, JOAN	
STREET ADDRESS	95 HAYDEN AVENUE	
CITY-ST-ZIP	LEXINGTON MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	MARTIN RICHARD BROOKS		
1.3 STREET ADDRESS	3 BURLINGTON GARDENS		
1.4 CITY-ST-ZIP	LONDON WIX ILE, ENGLAND		
2.1 TITLE	DC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	DAVID CHARLES MAURICE BELL		
2.3 STREET ADDRESS	3 BURLINGTON GARDENS		
2.4 CITY-ST-ZIP	LONDON WIX ILE, ENGLAND		
3.1 TITLE	DP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	STUART CLARK		
3.3 STREET ADDRESS	95 HAYDEN AVENUE		
3.4 CITY-ST-ZIP	LEXINGTON, MA 021,3		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	SENIOR VICE PRESIDENT + TREASURER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kurt Hausafus KURT HAUSAFUS SVP 4-18-96 (617)863-8100
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)