

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 14 1997 8:00am  
Secretary of State



PROFIT CORPORATION  
ANNUAL REPORT  
1997

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  
22 CROSBY DRIVE  
BEDFORD MA 01730

Mailing Address  
22 CROSBY DRIVE  
BEDFORD MA 01730-1402

3. Date Incorporated or Qualified: 08/07/1985  
3a. Date of Last Report: 04/24/1996  
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 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

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  
FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BROOKS, MARTIN RICHARD	
STREET ADDRESS	3 BURLINGTON GARDENS	
CITY-ST-ZIP	LONDON WI	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	BELL, DAVID CHARLES	
STREET ADDRESS	3 BURLINGTON GARDENS	
CITY-ST-ZIP	LONDON WI	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	CLARK, STUART	
STREET ADDRESS	95 HAYDEN AVE	
CITY-ST-ZIP	LEXINGTON MA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CHANNER, WAYNE C.	
STREET ADDRESS	95 HAYDEN AVENUE	
CITY-ST-ZIP	LEXINGTON MA	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	HAUSAFUS, KURT	
STREET ADDRESS	95 HAYDEN AVENUE	
CITY-ST-ZIP	LEXINGTON MA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CARLTON, JOAN	
STREET ADDRESS	95 HAYDEN AVENUE	
CITY-ST-ZIP	LEXINGTON MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D/V/T WILLIAM W. GRIEVE
2.3 STREET ADDRESS	22 CROSBY DRIVE
2.4 CITY-ST-ZIP	BEDFORD, MA 01730
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	22 CROSBY DRIVE
3.4 CITY-ST-ZIP	BEDFORD, MA 01730
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V/S ANDREA H. LOEW
4.3 STREET ADDRESS	22 CROSBY DRIVE
4.4 CITY-ST-ZIP	BEDFORD, MA 01730
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RAYMOND L. D'ARCY
5.3 STREET ADDRESS	22 CROSBY DRIVE
5.4 CITY-ST-ZIP	BEDFORD, MA 01730
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE OF CURRENT REGISTERED AGENT: *[Signature]* 4/29/97 (617) 487-8000

CR2E034 (9/96)