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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07031

INTERACTIVE DATA CORPORATION

(8)

FILED
May 13 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address				1 SODILBOT TEL BOUIT HOUSE BREAK STEEL BIRST BUILD	DER MININ MINERE MINER MININ ONNS
22 CROSBY DRIVE		ATTN: ACCOUNTS PAYABLE, MAILSTOP B2-2			
BEDFORD MA 01730		22 CROSBY DRIVE BEDFORD MA 01730		DO NOT WRITE IN THIS	SSPACE
		DEDI OND MIN STIGO		3. Date Incorporated or Qualified	J J AOL
				08/07/1985	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		13-2784145	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Current	Registered Agent		10. Name and Address of New Registered	J Agent
CORPORATION INFORMATION SERVICES, INC.			81 Name		
1201 HAYS STREET			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32301-2525				,	
			83		
			84 City		85 Zip Code
dd Diwarach	to the grand condition of Continue CONTORCO			F	
11. Pursuant to the provisions of Sections 607.0502 and 607.0508, Florida Statutos, 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed mass, of registered a joint	and the decode size (NC	TL Registered Agent signature requ	.ired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	BROOKS, MARTIN RICHARD		1.2 NAME		
STREET ADDRESS	3 BURLINGTON GARDENS		1.3 STREET ADDRESS		
CITY-ST-ZIP	LONDON WI	· · · · · · · · · · · · · · · · · · ·	1.4 CITY - \$1 - ZIP		
TITLE	DVT GRIEVE, WILLIAM W.	DELETE	2.1 101LE		☐ Change ☐ Addition
NAME	22 CROSBY DR		2.2 NAME		
STREET ADORESS	BEDFORD MA		23 STREET ADDRESS		
CITY-ST-ZIP TITLE	DP	☐ DELETE	2 4 CITY-ST-ZIP		Change Addition
NAME	CLARK, STUART		3 1 TITLE		Change Addition
STREET ADDRESS	22 CROSBY DR		3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP	BEDFORD MA		3.4. CITY - ST - ZIP		
TITLE	V\$	DELETE	4.1 TilLE		Change Addition
NAME	LOEW, ANDREA H		4. 2 NAME		
STREET ADDRESS	22 CROSBY DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	BEDFORD MA		4.4 CITY - ST - ZIP		
TIYLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	D'ARCY, RAYMOND L		5.2 NAME		
STREET ADDRESS	22 CROSBY DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	BEDFORD MA	· · · · · · · · · · · · · · · · · · ·	5.4 CITY-S1-ZIP		
TITLE	CARLTON, JOAN	DELETE	6.1 TITLE		Change Addition
NAME	95 HAYDEN AVENUE		6.2 NAME		
STREET ADDRESS	LEXINGTON MA			22 M CROSBY DR.	
CITY-ST-ZIP	CAINGION MA		6.4 CITY-ST-ZIP	BEDFORD, MA 01730	

14. Thereby 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.

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