

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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90056 003 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P07031**  
 1. Corporation Name  
**INTERACTIVE DATA CORPORATION**

Principal Place of Business 22 CROSBY DRIVE BEDFORD MA 01730	Mailing Address ATTN: ACCOUNTS PAYABLE. MAILSTOP B2-2 22 CROSBY DRIVE BEDFORD MA 01730
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>08/07/1985</b>	
4. FEI Number <b>13-2784145</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**CORPORATION INFORMATION SERVICES, INC.**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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

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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROOKS, MARTIN RICHARD	
STREET ADDRESS	3 BURLINGTON GARDENS	
CITY-ST-ZIP	LONDON WI	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	GRIEVE, WILLIAM W.	
STREET ADDRESS	22 CROSBY DR	
CITY-ST-ZIP	BEDFORD MA	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	CLARK, STUART	
STREET ADDRESS	22 CROSBY DR	
CITY-ST-ZIP	BEDFORD MA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	LOEW, ANDREA H	
STREET ADDRESS	22 CROSBY DR	
CITY-ST-ZIP	BEDFORD MA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	D'ARCY, RAYMOND L	
STREET ADDRESS	22 CROSBY DR	
CITY-ST-ZIP	BEDFORD MA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CARLTON, JOAN	
STREET ADDRESS	22 CROSBY DR	
CITY-ST-ZIP	BEDFORD MA 01730	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PHILIP J. HOFFMAN	
1.3 STREET ADDRESS	30 ROCKEFELLER PLAZA, 50 <sup>TH</sup> FLOOR	
1.4 CITY-ST-ZIP	NEW YORK, NY 10112-5095	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE: WILLIAM W. GRIEVE Date: 4/26/99 Daytime Phone #: (781) 687-8800

CR2E034 (1/98)