## 2001 UNIFORM BUSINESS REPORT (UBR)

## Sep 17, 2001 8:00 am Secretary of State DOCUMENT # P07031 1. Entity Name INTERACTIVE DATA CORPORATION 9-17-2001 90001 009 \*\*\*550 00 Principal Place of Business Mailing Address ATTN: ACCOUNTS PAYABLE, MAILSTOP 82-2 22 CROSBY DRIVE 979042 BEDFORD MA 01730 22 CROSBY DRIVE BEDFORD MA 01730 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 13-2784145 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. 6.\_Name and Address of Current Registered Agent Name CORPORATION INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change Change TITLE Delete TITLE NAME HOFFMAN, PHILIP J NAME 1130 AVENUE OF THE AMERICAS, 74 ROOR STREET ADDRESS STREET ADDRESS 30 ROCKEFELLER PLAZA, 50TH FLOOR CITY-ST-ZIP NEW YORK, NY 10019 CITY-ST-ZIP **NEW YORK NY 10112-5095** ☐ Delete TITLE ☐ Addition TIT! F NAME NAME GRIEVE, WILLIAM W. STREET ADDRESS STREET ADDRESS 22 CROSBY DR CITY-ST-ZIP CITY-ST-ZIP BEDFORD MA ~ Change Addition TITLE -TITLE Delete -NAME NAME CLARK, STUART STREET ADORESS STREET ADDRESS 22 CROSBY DR CITY-ST-ZIP CITY-ST-ZIP **BEDFORD MA** ☐ Change ☐ Addition ☐ Delete TITLE VS. LOEW, ANDREA H NAME NAME STREET ADDRESS 22 CROSBY DR STREET ADDRESS CITY-ST-ZIP **BEDFORD MA** CITY-ST-ZIP ☐ Deleté TITLE ☐ Change □ Addition TITLE NAME NAME D'ARCY, RAYMOND L STREET ADDRESS STREET ADDRESS 22 CROSBY DR CITY-ST-ZIP CITY-ST-ZIP **BEDFORD MA** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME CARLTON, JOAN

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

22 CROSBY DR

BEDFORD MA 01730

STREET ADDRESS

CITY-ST-ZIP





(781) 687-8800

Daylime Phone #