2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90040 004 ***150.00

54009732

02042004 Chg-P CR2E034 (10/03)

DOCUMENT # P07031

1. Entity Name
FT INTERACTIVE DATA CORPORATION

Principal Place of Business	Mailing Address
22 CROSBY DRIVE BEDFORD, MA 01730	100 EXECUTIVE DR STE 335 WEST ORANGE, NJ 07052

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 13-2784145 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION INFORMATION SERVICES, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D ☒ Delete NAME HOFFMAN, PHILIP J STREET ADDRESS 1130 AVENUE OF THE AMERICAS, 7TH FLOOR CITY-ST-ZIP NEW YORK, NY 10019		TITLE Assistant Secretary ☐ Change ☒ Addition NAME Thomas J. Nisivoccia STREET ADDRESS 100 Executive Dr. Ste 335 CITY-ST-ZIP West Orange NJ 07052	
TITLE DVT ☐ Delete NAME GRIEVE, WILLIAM W. STREET ADDRESS 22 CROSBY DR CITY-ST-ZIP BEDFORD, MA		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE DP ☐ Delete NAME CLARK, STUART STREET ADDRESS 22 CROSBY DR CITY-ST-ZIP BEDFORD, MA		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VS ☐ Delete NAME LOEW, ANDREA H STREET ADDRESS 22 CROSBY DR CITY-ST-ZIP BEDFORD, MA		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE V ☐ Delete NAME D'ARCY, RAYMOND L STREET ADDRESS 22 CROSBY DR CITY-ST-ZIP BEDFORD, MA		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VP ☐ Delete NAME CARLTON, JOAN STREET ADDRESS 22 CROSBY DR CITY-ST-ZIP BEDFORD, MA 01730		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Thomas J. Nisivoccia 2-18-04 (973)736-5421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #