


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P07031</b>	
1. Entity Name FT INTERACTIVE DATA CORPORATION	

Principal Place of Business 22 CROSBY DRIVE BEDFORD, MA 01730	Mailing Address 100 EXECUTIVE DR STE 335 WEST ORANGE, NJ 07052
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**DO NOT WRITE IN THIS SPACE**



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-2784145	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
CORPORATION INFORMATION SERVICES, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	<b>DO NOT WRITE IN THIS SPACE</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when re-registering)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000276200 03/25/05-80026-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS NISIVOCIA, THOMAS J 100 EXECUTIVE DRIVE, SUITE 335 WEST ORANGE, NJ 07052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT GRIEVE, WILLIAM W. 22 CROSBY DR BEDFORD, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLARK, STUART 22 CROSBY DR BEDFORD, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LOEW, ANDREA H 22 CROSBY DR BEDFORD, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D'ARCY, RAYMOND L 22 CROSBY DR BEDFORD, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARLTON, JOAN 22 CROSBY DR BEDFORD, MA 01730

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **3/25/05** **973-736-5621**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #