

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

**DOCUMENT # P07031**

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**



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**13-2784145**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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 re-filing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000276200  
03/25/05-80026-023 150.00**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #