

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2007 08:00 A
Secretary of State

DOCUMENT # P07031

1. Entity Name
FT INTERACTIVE DATA CORPORATION



Principal Place of Business

**99 CHERRY HILL ROAD, SUITE 300
PARSIPPANY, NJ 07054**

Mailing Address

**99 CHERRY HILL ROAD, SUITE 300
PARSIPPANY, NJ 07054**



01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000637214
02/26/07-80050-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS NISIVOCCIA, THOMAS J 99 CHERRY HILL ROAD, SUITE 300 PARSIPPANY, NJ 07054
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

973-402-1001

Daytime Phone #