


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90026 001 ***150.00

DOCUMENT # P07031					
1. Entity Name INTERACTIVE DATA PRICING AND REFERENCE DATA, INC.					
Principal Place of Business 99 CHERRY HILL ROAD, SUITE 300 PARSIPPANY, NJ 07054			Mailing Address 99 CHERRY HILL ROAD, SUITE 300 PARSIPPANY, NJ 07054		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01302008 Chg-P CR2E034 (12/06)	
4. FEI Number 13-2784145		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NISIVOCCIA, THOMAS J	NAME			
STREET ADDRESS	99 CHERRY HILL ROAD, SUITE 300	STREET ADDRESS			
CITY-ST-ZIP	PARSIPPANY, NJ 07054	CITY-ST-ZIP			
TITLE	DVT <input type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRIEVE, WILLIAM W.	NAME	GRIEVE, WILLIAM W.		
STREET ADDRESS	22 CROSBY DR	STREET ADDRESS	32 CROSBY DR		
CITY-ST-ZIP	BEDFORD, MA	CITY-ST-ZIP	BEDFORD, MA 01730		
TITLE	DP <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLARK, STUART	NAME	CLARK, STUART J		
STREET ADDRESS	22 CROSBY DR	STREET ADDRESS	32 CROSBY DRIVE		
CITY-ST-ZIP	BEDFORD, MA	CITY-ST-ZIP	BEDFORD, MA 01730		
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOEW, ANDREA H	NAME			
STREET ADDRESS	22 CROSBY DR	STREET ADDRESS			
CITY-ST-ZIP	BEDFORD, MA	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	MARK HCPSWORTH		
STREET ADDRESS		STREET ADDRESS	32 CROSBY DRIVE		
CITY-ST-ZIP		CITY-ST-ZIP	BEDFORD, MA 01730		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Thomas J. Nisivoccia</i>		Thomas J. NISIVOCCIA		Date: 4/19/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: (973) 402-1031	