

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07031

FILED
Jan 08, 2009
Secretary of State

Entity Name: INTERACTIVE DATA PRICING AND REFERENCE DATA, INC.

Current Principal Place of Business:

99 CHERRY HILL ROAD, SUITE 300
PARSIPPANY, NJ 07054

New Principal Place of Business:

Current Mailing Address:

99 CHERRY HILL ROAD, SUITE 300
PARSIPPANY, NJ 07054

New Mailing Address:

FEI Number: 13-2784145 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AS () Delete
Name: NISIVOCCIA, THOMAS J
Address: 99 CHERRY HILL ROAD, SUITE 300
City-St-Zip: PARSIPPANY, NJ 07054

Title: T () Delete
Name: GRIEVE, WILLIAM W
Address: 32 CROSBY DRIVE
City-St-Zip: BEDFORD, MA

Title: D () Delete
Name: CLARK, STUART J
Address: 32 CROSBY DRIVE
City-St-Zip: ACTON, MA 01720

Title: VS () Delete
Name: LOEW, ANDREA H
Address: 22 CROSBY DR
City-St-Zip: BEDFORD, MA

Title: P () Delete
Name: HOPSWORTH, MARK
Address: 32 CROSBY DRIVE
City-St-Zip: BEDFORD, MA 01730

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: GRIEVE, WILLIAM W
Address: 32 CROSBY DRIVE
City-St-Zip: BEDFORD, MA 01730

Title: D (X) Change () Addition
Name: CLARK, STUART J
Address: 32 CROSBY DRIVE
City-St-Zip: BEDFORD, MA 01730

Title: VS (X) Change () Addition
Name: LOEW, ANDREA H
Address: 22 CROSBY DR
City-St-Zip: BEDFORD, MA 01730

Title: P (X) Change () Addition
Name: HOPSWORTH, MARK
Address: 32 CROSBY DRIVE
City-St-Zip: BEDFORD, MA 01730

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM NISIVOCCIA

AS

01/08/2009

Electronic Signature of Signing Officer or Director

_____ Date