

1.) CORPORATION NAME:

FACTSET RESEARCH SYSTEMS INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.
AUTH IN VI
CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

DUE DATE: **12/31/2011**

SCC ID NO: **F1570490**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000,000
PREFER	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 601 MERRITT 7

CITY/ST/ZIP: NORWALK, CT 06851-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: PHILIP HADLEY
TITLE: CEO/CHAIRMAN
ADDRESS: 601 MERRITT 7
CITY/ST/ZIP/CO: NORWALK, CT 06851-

OFFICER

DIRECTOR

NAME: RACHEL STERN
TITLE: SECRETARY
ADDRESS: 601 MERRITT 7
CITY/ST/ZIP/CO: NORWALK, CT 06851-

OFFICER

DIRECTOR

NAME: PETER WALSH
TITLE: COO
ADDRESS: 601 MERRITT 7
CITY/ST/ZIP/CO: NORWALK, CT 06851-

OFFICER

DIRECTOR

NAME: ROBIN ABRAMS
TITLE: DIRECTOR
ADDRESS: 751 LINDEN AVENUE
CITY/ST/ZIP/CO: LOS ALTOS, CA 94022-

OFFICER

DIRECTOR

NAME: SCOTT BILLEADEAU
TITLE: DIRECTOR
ADDRESS: 510 FIRST AVENUE NORTH, SUITE 409
CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55403-

OFFICER

DIRECTOR

NAME: MICHAEL DICHRISTINA TITLE: DIRECTOR ADDRESS: 24 PELL PLACE CITY/ST/ZIP/CO: RIVERSIDE, CT 06878-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL FRANKENFIELD TITLE: Senior VP ADDRESS: 601 MERRITT 7 CITY/ST/ZIP/CO: NORWALK, CT 06851-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JOSEPH LAIRD TITLE: DIRECTOR ADDRESS: 60 BROAD STREET CITY/ST/ZIP/CO: NEW YORK, NY 10004-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES MCGONIGLE TITLE: DIRECTOR ADDRESS: 1919 NORTH LYNN STREET CITY/ST/ZIP/CO: ARLINGTON, VA 22209-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WALTER SIEBECKER TITLE: DIRECTOR ADDRESS: 262 CENTRAL PARK WEST APT. 3D CITY/ST/ZIP/CO: NEW YORK, NY 10024-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES SNYDER TITLE: DIRECTOR ADDRESS: 244 HIGHLAND AVENUE CITY/ST/ZIP/CO: RIDGEWOOD, NJ 07450-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOSEPH ZIMMEL TITLE: DIRECTOR ADDRESS: 159 PARSONAGE ROAD CITY/ST/ZIP/CO: GREENWICH, CT 06830-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
<u>/s/ RACHEL STERN</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>RACHEL STERN, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE
<u>12/2/2011</u> DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	