

1.) CORPORATION NAME:

FACTSET RESEARCH SYSTEMS INC.

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

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:	MICHAEL FRANKENFIELD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR VP		
ADDRESS:	601 MERRITT 7		
CITY/ST/ZIP/CO:	NORWALK, CT 06851		

NAME:	RACHEL STERN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	601 MERRITT 7		
CITY/ST/ZIP/CO:	NORWALK, CT 06851		

NAME:	PHILIP HADLEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO/CHAIRMAN		
ADDRESS:	601 MERRITT 7		
CITY/ST/ZIP/CO:	NORWALK, CT 06851		

NAME:	PETER WALSH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	601 MERRITT 7		
CITY/ST/ZIP/CO:	NORWALK, CT 06851		

NAME:	ROBIN ABRAMS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	751 LINDEN AVENUE		
CITY/ST/ZIP/CO:	LOS ALTOS, CA 94022		

NAME:	SCOTT BILLEADEAU	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	510 FIRST AVENUE NORTH, SUITE 409		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55403		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL DICHRISTINA DIRECTOR 24 PELL PLACE RIVERSIDE, CT 06878	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH LAIRD DIRECTOR 60 BROAD STREET NEW YORK, NY 10004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES MCGONIGLE DIRECTOR 1919 NORTH LYNN STREET ARLINGTON, VA 22209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WALTER SIEBECKER DIRECTOR 262 CENTRAL PARK WEST APT. 3D NEW YORK, NY 10024	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES SNYDER DIRECTOR 244 HIGHLAND AVENUE RIDGWOOD, NJ 07450	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH ZIMMEL DIRECTOR 159 PARSONAGE ROAD 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.

/s/ RACHEL STERN	RACHEL STERN, SECRETARY	12/3/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.