

1.) CORPORATION NAME:

FACTSET RESEARCH SYSTEMS INC.

DUE DATE: **12/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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:	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:	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:	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: 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: 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: 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.		
/s/ RACHEL STERN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RACHEL STERN, SECRETARY PRINTED NAME AND CORPORATE TITLE	12/30/2015 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.		