

SCHEDULE B

TO DATA CENTER CONNECTION AGREEMENT

DATA CENTER ACCESS REQUEST FORM

This Schedule B is being executed pursuant to the Data Center Connection Agreement (the "Agreement") between CHICAGO MERCANTILE EXCHANGE INC., a Delaware corporation with its principal place of business at 20 South Wacker Drive, Chicago, Illinois 60606, U.S.A. ("CME") and _____ ("Data Center"). Any capitalized terms not defined herein shall have the meaning set forth in Schedule A of the Agreement.

Data Center acknowledges and agrees that it has executed and delivered to CME, concurrently with its signature below, an "Access Request Form" attached to this Schedule B as Exhibit 1. Access requests for additional locations or more than one CME GLOBEX Access method must be made on additional Access Request Forms, which can be obtained at 222.cmegroup.com/connectionagreement, or by contacting CME GLOBEX Account Management at 312-634-8700. Access Request Forms are effective only upon CME signature. Any changes to an Access Request Form may be made only by completing and delivering an Additions, Deletions and Changes Form (Schedule D to the Agreement), which can be obtained from www.cmegroup.com/connectionagreement or by contacting CME Globex Account Management at (312) 634-8700.

Data Center and CME have caused this Schedule B to be executed by their authorized representatives, to be effective as of the date executed by CME.

Chicago Mercantile Exchange Inc.

Data Center

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

(Must be an authorized Officer)

(Must be an authorized Officer)

Date: _____

Date: _____

EXHIBIT 1

DATA CENTER ACCESS REQUEST FORM

This Data Center Access Request is being executed pursuant to the Data Center Connection Agreement (the "Agreement") between CHICAGO MERCANTILE EXCHANGE INC., a Delaware corporation with its principal place of business at 20 South Wacker Drive, Chicago, Illinois 60606, U.S.A. ("CME") and _____ ("Data Center"). Any capitalized terms not defined herein shall have the meaning set forth in Schedules A and B of the Agreement.

Any information required to be provided in this Access Request/Change Form shall be treated by CME in accordance with CME's privacy statement, which may be found at www.cme.com.

Section I: DATA CENTER INFORMATION
A. General Information <i>(All Companies)</i>
Data Center Name: _____
Data Center Address: _____
Floor/Suite: _____ City: _____ State/Province: _____
Country: _____ Postal Code: _____ Phone Number: _____
CEO Name: _____
COO Name: _____
CIO Name: _____
B. Data Center Billing Address: (if different from address above):
Address: _____
Floor/Suite: _____ City: _____ State/Province: _____
Country: _____ Postal Code: _____ Phone Number: _____
Data Center Billing Contact Name: _____
Data Center Billing Contact Number: _____

C. Connectivity Information – Company Site Details <i>(All Companies)</i>
Site Address: _____ (the "Premises")
Floor/Suite: _____ Cage/Closet: _____ City: _____

State/Province: _____ Postal Code: _____

Country: _____ On-Site Phone Number: _____

Primary Contact: _____

Phone: _____ Mobile: _____ E-mail: _____

Secondary Contact: _____

Phone: _____ Mobile: _____ E-mail: _____

Local Phone Company: _____

D. Detailed Installation Instructions (e.g., closet location, inside wiring instructions, building access, etc.)

Section II: BANK AND ACCOUNT INFORMATION

A. If Company will be billed directly, provide the following account auto-debit information:

Company Billing Contact: _____

Phone: _____ Mobile: _____ E-mail: _____

Name of Bank used by Company: _____

Name on Bank Account (*a voided check from the account must be attached for verification purposes*):

Bank address: _____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

Transit/ABA Number: _____ Account Number: _____

B. If a person or entity other than Company will be billed, provide the following information:

Name of CME Account to be billed*: _____

CME Account Number: _____

** The person/entity that holds the CME Account must provide separate written authorization confirming this billing arrangement.*

Section III: NETWORK ACCESS OPTIONS

A. CME DIRECTLink (applicable to U.S. Companies only): CME-Managed Network*

Connection Request (please check one to identify your choice of bandwidth):

1. T1 HSRP (two T1s, two routers)

Includes primary and secondary circuits of the same bandwidth delivered by different carriers and two routers.

or

2. 20 Mb Ethernet
 40 Mb Ethernet
 100 Mb Ethernet where available

Ethernet includes primary and secondary circuits of the same bandwidth delivered by different carriers and two routers. *(If your building does not provide access to the CME authorized carriers you have the option of selecting the Ethernet-Hybrid or Ethernet-Traditional options.)*

*** Inside wiring is the responsibility of Company.**

Empty rectangular box for additional information or notes.

D. CME Globex Hub Access:

1. Select city:

Amsterdam Dublin London Milan Paris Singapore

2. Indicate the carrier Company will use to connect to each Data Center

(e.g. a Dublin customer may elect to use a Colt circuit to the Dublin MCI Data Center and an Eircom circuit to the Sprint Data Center):

Note: Trading system redundancy is **ONLY** available if Company connects to **both** Data Centers in a given geographic location.

a. London CME Globex Hub _____

CME London Data Center _____

MCI London Data Center _____

b. Amsterdam Dublin Milan Paris

MCI Data Center _____

Sprint Data Center _____

c. Singapore CME Globex Hub

AT&T Data Center _____

NTT Data Center _____

3. Date circuit(s) ordered (if available): _____

4. Carrier Order Number(s) (if available): _____

E. CME LNet:

Select CME Group approved facility, bandwidth subscription, and indicate cabinet and/or rack information:

DRT

40 Mb Ethernet or 100 Mb Ethernet

Provide floor and suite location where equipment will be installed: _____

Cabinet and/or rack information: _____

If space is leased through a third party, please name: _____

Equinix

40 Mb Ethernet or 100 Mb Ethernet

Provide floor and suite location where equipment will be installed: _____

Cabinet and/or rack information: _____

If space is leased through a third party, please name: _____

Savvis

40 Mb Ethernet or 100 Mb Ethernet

Provide floor and suite location where equipment will be installed: _____

Cabinet and/or rack information: _____

If space is leased through a third party, please name: _____

Companies are required to have space pre-arranged at the specific CME Group approved facility before submitting this form. Please note that floor and suite location must be within the predefined and CME Group approved space in the LNet facility. Any and all charges required from the fiber provider/data center to allow the customer successful acceptance by CME are the sole responsibility of the customer.

F. Jackson Direct: Customer works with the internal fiber provider to extend service to fiber Meet Me Room (MMR). The customer owns the installation and ongoing relationship with the fiber provider. Companies are required to have space pre-arranged at the specific location before submitting this form.

1. Provide the floor and suite location where equipment will be installed for access to CME in the 141 Facility: _____

2. Select authorized CME fiber provider: _____

Cogent FiberNet

Does the required fiber exist or is a build required? _____

If a build is required, is there an estimated time of completion by the fiber provider? _____

3. Select bandwidth subscription

40 Mb Ethernet or 100 Mb

Any and all charges required by the fiber provider to allow the customer successful acceptance by CME are the sole responsibility of the customer.

Section IV: CME INTERFACE OPTIONS

If Network Options A, B, C, E or F, please specify the interfaces:

Reminder: Subscribers of Swapstream® must complete all related legal agreements specific to its services. Please contact your account manager to determine what is required.

1. Identify the CME Globex Interface(s) to which you would like to connect:

iLink® 2.X (Order Execution)

CME Market Data Platform

CME EOS Trader™

Clearing Related Processing (3270 Telnet, MQM, FTP, VPS, Clearing 21, TOPS, Citrix)

Swapstream

Section V: CONTACT INFORMATION (*All Companies*)

A. Company Billing Contact

Name: _____ Title: _____

Phone: _____ Mobile: _____

E-mail: _____ FAX: _____

B. Company Business Contact

Name: _____ Title: _____

Phone: _____ Mobile: _____

E-mail: _____ FAX: _____

Data Center and CME have caused this Exhibit 1 to Schedule B to be executed by their authorized representatives, to be effective as of the date executed by CME.

Data Center

Chicago Mercantile Exchange Inc.

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Title: _____
(Must be an authorized Officer)

Title: _____

Date: _____

Date: _____

Please return completed documentation to:

CME Globex Account Management – CME
20 S Wacker Dr.
Chicago, IL 60606
Phone: 312 634 8700 Fax: 312 634 1568

or

CME Globex Account Management – European Office
Mark Vogel
Watling House, 33 Cannon Street
London EC4M 5SB, UK
Phone: +44 20 7796 7100 Fax: +44 20 7796 7110

or

CME Globex Account Management – Asian Office
Kwong Cheng
Level 39, One Exchange Square
8 Connaught Place
Central Hong Kong
Phone: +852 3101 7696 Fax: +852 3101 7698