


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 20 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # F0000006499</b> 1. Entity Name <b>FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.</b>	
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Principal Place of Business <b>82 DEVONSHIRE STREET BOSTON, MA 02109</b>	Mailing Address <b>82 DEVONSHIRE STREET, #F7B BOSTON, MA 02109</b>
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2. Principal Place of Business	3. Mailing Address	4. FEI Number <b>04-2647786</b>	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State	City & State	6. Name and Address of Current Registered Agent	
Zip	Country	Zip	Country



04132004 Chg-P CR2E034 (10/03) 04

6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right; font-size: 24pt; font-weight: bold;">FL</span> Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SMAIL, PETER J 82 DEVONSHIRE STREET BOSTON, MA 02109</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Joseph LoRusso 82 Devonshire Street Boston, MA 02109</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T TIBBETTS, STEPHEN E 82 DEVONSHIRE STREET BOSTON, MA 02109</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C FREEDMAN, JAY 82 DEVONSHIRE STREET BOSTON, MA 02109</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>700035726697 05/06/04--01078--014 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCCOLGAN, ELLYN A 82 DEVONSHIRE STREET BOSTON, MA 02109</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP CALLAHAN, JOHN W 82 DEVONSHIRE STREET BOSTON, MA 02109</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP LORUSSO, JOSEPH 82 DEVONSHIRE STREET BOSTON, MA 02109</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP William C. Carey 82 Devonshire Street Boston, MA 02109</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Jay Freedman, Clerk 4-16-04 (617) 563-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #