


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F0000006499 1. Entity Name FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	
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FILED
05 APR 13 PM 12: 22

CORPORATE SERVICES
TALLAHASSEE, FLORIDA

Principal Place of Business 82 DEVONSHIRE STREET BOSTON, MA 02109	Mailing Address 82 DEVONSHIRE STREET, #F7B BOSTON, MA 02109
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01052005 Chg-P CR2E034 (10/03)

City & State Zip Country	City & State Zip Country
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4. FEI Number 04-2647786	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PD <input type="checkbox"/> Delete NAME SMAIL, PETER J STREET ADDRESS 82 DEVONSHIRE STREET CITY-ST-ZIP BOSTON, MA 02109	
TITLE T <input type="checkbox"/> Delete NAME TIBBETTS, STEPHEN E STREET ADDRESS 82 DEVONSHIRE STREET CITY-ST-ZIP BOSTON, MA 02109	
TITLE <input checked="" type="checkbox"/> Secretary <input type="checkbox"/> Delete NAME FREEDMAN, JAY STREET ADDRESS 82 DEVONSHIRE STREET CITY-ST-ZIP BOSTON, MA 02109	
TITLE D <input checked="" type="checkbox"/> Delete NAME MCCOLGAN, ELLYN A STREET ADDRESS 82 DEVONSHIRE STREET CITY-ST-ZIP BOSTON, MA 02109	
TITLE EVP <input checked="" type="checkbox"/> Delete NAME CALLAHAN, JOHN W STREET ADDRESS 82 DEVONSHIRE STREET CITY-ST-ZIP BOSTON, MA 02109	
TITLE EVP <input type="checkbox"/> Delete NAME CAREY, WILLIAM C STREET ADDRESS 82 DEVONSHIRE STREET CITY-ST-ZIP BOSTON, MA 02109	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Director STREET ADDRESS Joseph LoRusso CITY-ST-ZIP 82 Devonshire St. Boston, MA 02109	
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Assistant Secretary STREET ADDRESS Susan Sturdy CITY-ST-ZIP 82 Devonshire St. Boston, MA 02109	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	40005393042 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/06/05--01003--019 **\$150.00
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	

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: Susan Sturdy 4/12/05 (617-563-7000)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Susan Sturdy, Assistant Secretary