

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006499

FILED
May 07, 2007
Secretary of State

Entity Name: FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.

Current Principal Place of Business:

82 DEVONSHIRE STREET
BOSTON, MA 02109

New Principal Place of Business:

Current Mailing Address:

82 DEVONSHIRE STREET, #F7B
BOSTON, MA 02109

New Mailing Address:

FEI Number: 04-2647786 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSON, ABIGAIL P
Address: 82 DEVONSHIRE STREET
City-St-Zip: BOSTON, MA 02109

Title: T () Delete
Name: TIBBETTS, STEPHEN E
Address: 82 DEVONSHIRE STREET
City-St-Zip: BOSTON, MA 02109

Title: S () Delete
Name: FREEDMAN, JAY
Address: 82 DEVONSHIRE STREET
City-St-Zip: BOSTON, MA 02109

Title: D () Delete
Name: LORUSSO, JOSEPH
Address: 82 DEVONSHIRE STREET
City-St-Zip: BOSTON, MA 02109

Title: ASST (X) Delete
Name: STURDY, SUSAN
Address: 82 DEVONSHIRE STREET
City-St-Zip: BOSTON, MA 02109

Title: EVP (X) Delete
Name: CAREY, WILLIAM C
Address: 82 DEVONSHIRE STREET
City-St-Zip: BOSTON, MA 02109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HAYES, TIMOTHY
Address: 82 DEVONSHIRE STREET
City-St-Zip: BOSTON, MA 02109

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: STURDY, SUSAN
Address: 82 DEVONSHIRE STREET
City-St-Zip: BOSTON, MA 02109

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN STURDY

S

05/07/2007

Electronic Signature of Signing Officer or Director

_____ Date