

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006499

FILED
Apr 28, 2011
Secretary of State

Entity Name: FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.

Current Principal Place of Business:

82 DEVONSHIRE STREET, F7B
BOSTON, MA 02109

New Principal Place of Business:

82 DEVONSHIRE STREET, F7B
BOSTON, MA 02109 US

Current Mailing Address:

82 DEVONSHIRE STREET, F7B
BOSTON, MA 02109

New Mailing Address:

82 DEVONSHIRE STREET, F7B
BOSTON, MA 02109 US

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

OFFICERS AND DIRECTORS:

Title: P
Name: ADAMS, ROBERT
Address: 82 DEVONSHIRE STREET, F7B
City-St-Zip: BOSTON, MA 02109 US

Title: T
Name: KOMISHANE, HARRIS
Address: 82 DEVONSHIRE STREET, F7B
City-St-Zip: BOSTON, MA 02109 US

Title: S
Name: STAHL (ASSISTANT), PETER D.
Address: 82 DEVONSHIRE STREET, F7B
City-St-Zip: BOSTON, MA 02109 US

Title: D
Name: MACDONALD, JAMES M
Address: 82 DEVONSHIRE STREET, F7B
City-St-Zip: BOSTON, MA 02109 US

Title: D
Name: MCGRAW, GERARD
Address: 82 DEVONSHIRE STREET, F7B
City-St-Zip: BOSTON, MA 02109 US

I hereby 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 all other like empowered.

SIGNATURE: PETER D. STAHL (ASSISTANT)

S

04/28/2011

Electronic Signature of Signing Officer or Director

_____ Date