FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAR 15 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000003105

1. Entity Name
Fidelity Investments Consulting Company, Inc.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
82 Devonshire Street	82 Devonshire Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boston, MA 02109	City & State: Boston, MA 02109
Zip: 02109 Country	Zip: 02109 Country

4. FEI Number: 02-0526378 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable):
1200 South Pine Island Road

City: Plantation **FL** Zip Code: 33324

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: President NAME: Peter J. Smail STREET ADDRESS: 82 Devonshire Street CITY-ST-ZIP: Boston, MA 02109	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Assistant Secretary NAME: Jay Freedman STREET ADDRESS: 82 Devonshire St., Boston, MA 0210 CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Treasurer NAME: Michael B. Fox STREET ADDRESS: 82 Devonshire Street CITY-ST-ZIP: Boston, MA 02109	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Director NAME: Stephen P. Jonas STREET ADDRESS: 82 Devonshire Street CITY-ST-ZIP: Boston, MA 02109	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Director NAME: Clare S. Richer STREET ADDRESS: 82 Devonshire Street CITY-ST-ZIP: Boston, MA 02109	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Director NAME: Peter J. Smail STREET ADDRESS: 82 Devonshire Street CITY-ST-ZIP: Boston, MA 02109	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with blank if I'm empowered.

SIGNATURE: _____ Jay Freedman, Assistant Secretary 03/ 1 /2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

(617)-392-0563
Daytime Phone #