. ~~ ~2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000003105 FILED 1. Entity Name FIDELITY INVESTMENTS CONSULTING COMPANY, INC. 05 APR 13 ATT11: 59 MINDLE, FLUSHA Principal Place of Business Mailing Address 82 DEVONSHIRE STREET 82 DEVONSHIRE STREET, #F7B BOSTON, MA 02109 BOSTON, MA 02109 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 02-0526378 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE Delete me Director & President ☐ Change SINGH, SURINDER NAME NAME Guy L. Patton STREET ADDRESS **82 DEVONSHIRE STREET** STREET ADDRESS 82 Devonshire St. Boston, MA 02109 **BOSTON, MA 02109** CITY-ST-ZIP CITY-ST-7P ☐ Delete TITLE TITLE Assistant Secretary NAME SUNTHIMER, JON NAME Susan Sturdy STREET ADDRESS **82 DEVONSHIRE STREET** STREET ADDRESS 82 Devonshire St. Boston, MA 02109 CITY-ST-ZIP **BOSTON, MA 02109** CITY-ST-ZIP TITLE Oelete TITLE ☐ Change ☐ Addition JONAS, STEPHEN P NAME NAME STREET ADDRESS 82 DEVONSHIRE STREET STREET ADDRESS CITY-ST-ZIP **BOSTON, MA 02109** CITY-ST-ZIP 1000539304**5**... TITLE SVP ☐ Addition Delete TIDE 05/06/05--01003--020 **150.00 KIMLER, BRADFORD NAME NAME 82 DEVONSHIRE STREET STREET ADDRESS STREET ADDRESS **BOSTON, MA 02109** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition FREEDMÁN, JAY NAME NAME STREET ADDRESS **82 DEVONSHIRE STREET** STREET ADDRESS CITY-ST-ZIP BOSTON, MA 02109 CITY-ST-ZIP ☐ Change TITLE TITLE ■ Addition Ociete HILGER, DENISE NAME NAME **82 DEVONSHIRE STREET** STREET ADDRESS STREET ADDRESS BOSTON, MA 02109 CITY-ST-7IP 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 charged, or on an attachment with an address, with all other like empowered. DO ON PRINTED HAME OF BIGHING OFFICER OR DIRECTOR SIGNATURE: