2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M2000000736

Entity Name: FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC

Current Principal Place of Business:

245 SUMMER STREET BOSTON, MA 02210

Current Mailing Address:

245 SUMMER STREET C/O CORPORATE LEGAL, V4C BOSTON, MA 02210 US

FEI Number: 04-2647786

Name and Address of Current Registered Agent:

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

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

Authorized Person(s) Detail :

Title	DIRECTOR	Title	DIRECTOR
Name	BARRY, KEVIN M	Name	DEPOALO, RONALD
Address	245 SUMMER STREET	Address	245 SUMMER STREET
City-State-Zip:	BOSTON MA 02210	City-State-Zip:	BOSTON MA 02210
T :4 -		Title	SECRETARY
Title	DIRECTOR	The	SECRETART
Name	BURKE, JOHN J	Name	KRIESER, LISA D
Address	245 SUMMER STREET	Address	245 SUMMER STREET
City-State-Zip:	BOSTON MA 02210	City-State-Zip:	BOSTON MA 02210
Title	ASST. SECRETARY	Title	PRESIDENT
Title Name	ASST. SECRETARY MCLAIN, BRIAN C	Title Name	PRESIDENT ADAMS, ROBERT
			-
Name	MCLAIN, BRIAN C 245 SUMMER STREET	Name	ADAMS, ROBERT 245 SUMMER STREET
Name Address	MCLAIN, BRIAN C 245 SUMMER STREET	Name Address	ADAMS, ROBERT 245 SUMMER STREET
Name Address	MCLAIN, BRIAN C 245 SUMMER STREET	Name Address	ADAMS, ROBERT 245 SUMMER STREET
Name Address City-State-Zip:	MCLAIN, BRIAN C 245 SUMMER STREET BOSTON MA 02210	Name Address City-State-Zip:	ADAMS, ROBERT 245 SUMMER STREET BOSTON MA 02210
Name Address City-State-Zip: Title	MCLAIN, BRIAN C 245 SUMMER STREET BOSTON MA 02210 PRESIDENT	Name Address City-State-Zip: Title	ADAMS, ROBERT 245 SUMMER STREET BOSTON MA 02210 TREASURER
Name Address City-State-Zip: Title Name	MCLAIN, BRIAN C 245 SUMMER STREET BOSTON MA 02210 PRESIDENT BROVELLI, SHARON 245 SUMMER STREET	Name Address City-State-Zip: Title Name	ADAMS, ROBERT 245 SUMMER STREET BOSTON MA 02210 TREASURER DEPIERO, MATTHEW 245 SUMMER STREET

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LISA D. KRIESER

SECRETARY

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date