

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006499

FILED
Apr 29, 2015
Secretary of State
CC3219383294

Entity Name: FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.

Current Principal Place of Business:

245 SUMMER STREET
MZ ZW9A
BOSTON, MA 02210

Current Mailing Address:

200 SEAPORT BLVD
C/O CORPORATE LEGAL - MZ ZW9A
BOSTON, MA 02210-1129 US

FEI Number: 04-2647786

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T 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

Date

Officer/Director Detail :

Title PRESIDENT - SHAREHOLDER
 DIVISION
Name ADAMS, ROBERT
Address 245 SUMMER STREET
City-State-Zip: BOSTON MA 02210

Title TREASURER - SHAREHOLDER
 DIVISION
Name PISIERRA, CARLOS
Address 245 SUMMER STREET
City-State-Zip: BOSTON MA 02210

Title D
Name HOCK, CHRISTOPHER A
Address 245 SUMMER STREET
City-State-Zip: BOSTON MA 02210

Title D
Name KATZELNICK, MARK
Address 245 SUMMER STREET
City-State-Zip: BOSTON MA 02210

Title SECRETARY
Name STAHL, PETER D.
Address 245 SUMMER STREET
City-State-Zip: BOSTON MA 02210

Title DIRECTOR
Name SLOVAK, G MICHAEL
Address 245 SUMMER STREET
City-State-Zip: BOSTON MA 02210

Title TREASURER - RETIREMENT DIVISION
Name BRACK, GLENN
Address 245 SUMMER STREET
City-State-Zip: BOSTON MA 02210

Title EXECUTIVE VICE PRESIDENT -
 SHAREHOLDER DIVISION
Name GALLIGAN, HOWARD J
Address 245 SUMMER STREET
City-State-Zip: BOSTON MA 02210

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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: BRIAN C. MCLAIN

ASSISTANT SECRETARY 04/29/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SENIOR VICE PRESIDENT - SHAREHOLDER
DIVISION
Name JONES, ALLYN
Address 245 SUMMER STREET
City-State-Zip: BOSTON MA 02210

Title SENIOR VICE PRESIDENT - SHAREHOLDER
DIVISION
Name RESTIVO, THOMAS
Address 245 SUMMER STREET
City-State-Zip: BOSTON MA 02210

Title CHIEF LEGAL OFFICER - SHAREHOLDER
DIVISION
Name BIEMER, ROBERT J JR.
Address 245 SUMMER STREET
City-State-Zip: BOSTON MA 02210

Title ASST. TREASURER
Name SCHIFFMAN, STEVEN F
Address 245 SUMMER STREET
City-State-Zip: BOSTON MA 02210

Title SENIOR VICE PRESIDENT -
SHAREHOLDER DIVISION
Name KEARNEY, MICHAEL
Address 245 SUMMER STREET
City-State-Zip: BOSTON MA 02210

Title CHIEF COMPLIANCE OFFICER -
SHAREHOLDER DIVISION
Name CICCOLO, ANMARIE
Address 245 SUMMER STREET
City-State-Zip: BOSTON MA 02210

Title CHIEF RISK OFFICER -
SHAREHOLDER DIVISION
Name MORSE, DAVID W
Address 245 SUMMER STREET
City-State-Zip: BOSTON MA 02210

Title ASST. SECRETARY
Name MCLAIN, BRIAN C
Address 245 SUMMER STREET
City-State-Zip: BOSTON MA 02210