

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006499

FILED
May 01, 2019
Secretary of State
6905582569CC

Entity Name: FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.

Current Principal Place of Business:

245 SUMMER STREET, ZW9A
BOSTON, MA 02210

Current Mailing Address:

200 SEAPORT BLVD., ZW9A
C/O CORPORATE LEGAL
BOSTON, MA 02210 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 DEPIERO, MATTHEW
Address 245 SUMMER STREET
City-State-Zip: BOSTON MA 02210

Title D
Name BARRY, KEVIN M.
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 S
Name STAHL, PETER D.
Address 245 SUMMER STREET
City-State-Zip: BOSTON MA 02210

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

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

Title ASST. TREASURER
Name GREEN, ERIC C.
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: PETER D. STAHL

SECRETARY

05/01/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title PRESIDENT - RETIREMENT DIVISION
Name BROVELLI, SHARON
Address 245 SUMMER STREET
City-State-Zip: BOSTON MA 02210

Title ASST. TREASURER
Name KEARNEY, MICHAEL
Address 245 SUMMER STREET
City-State-Zip: BOSTON MA 02210