

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000000317

**Entity Name:** FIDELITY GLOBAL BROKERAGE GROUP, INC.

**Current Principal Place of Business:**

245 SUMMER STREET, V4C  
BOSTON, MA 02210

**Current Mailing Address:**

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

**FEI Number:** 04-3257666

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

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

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

Title DIRECTOR  
Name MURPHY, KATHLEEN  
Address 245 SUMMER STREET  
City-State-Zip: BOSTON MA 02210

Title CFO  
Name LYONS, MICHAEL  
Address 245 SUMMER STREET  
City-State-Zip: BOSTON MA 02210

Title TREASURER  
Name SELMI, CHRISTINE  
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

Title SECRETARY  
Name CRUPI, KAREN M.  
Address 245 SUMMER STREET  
City-State-Zip: BOSTON MA 02210

*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** 04/29/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date