

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000000317

Entity Name: FIDELITY GLOBAL BROKERAGE GROUP, 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:** 04-3257666**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

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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 05/08/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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