

2017 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 LAGARCE, JEFFREY
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

Continues on page 2

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 05/01/2017

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