

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAR 15 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 844341

1. Entity Name
Fidelity Distributors Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
82 Devonshire Street

3. Mailing Address
82 Devonshire Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Boston, MA
Zip 02109

City & State
Boston, MA
Zip 02109

Country

4. FEI Number
04-2270522

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City
Plantation FL Zip Code 33324

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEE ATTACHED SHEET

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200005194552--3
-04/05/02--01022--004
****150.00 ****150.00

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  Jay Freedman March 15, 2002 (617) 392-0563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)

FIDELITY DISTRIBUTORS CORPORATION

<u>Name</u>	<u>Title</u>	<u>Address</u>
Neal Litvack	President & Director	82 Devonshire Street, Boston, MA 02109
Jane Greene	Treasurer	82 Devonshire Street, Boston, MA 02109
Eric Roiter	Clerk	82 Devonshire Street, Boston, MA 02109
Jay Freedman	Assistant Clerk	82 Devonshire Street, Boston, MA 02109
Kevin J. Kelly	Director	82 Devonshire Street, Boston, MA 02109
Raymond J. Marcinowski	Director	82 Devonshire Street, Boston, MA 02109