

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 844341

1. Entity Name
FIDELITY DISTRIBUTORS CORPORATION



FILED

04 APR 20 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
82 DEVONSHIRE STREET
BOSTON, MA 02109

Mailing Address
82 DEVONSHIRE STREET
BOSTON, MA 02109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132004

Chg-P

CR2E034 (10/03)

84

4. FEI Number
04-2270522

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LITVACK, NEAL
STREET ADDRESS 82 DEVONSHIRE STREET
CITY-ST-ZIP BOSTON, MA 02109 ☒ Delete

TITLE President, Director
NAME Jeffrey Carney
STREET ADDRESS 82 Devonshire Street
CITY-ST-ZIP Boston, MA 02109 ☒ Change ☐ Addition

TITLE T
NAME GREENE, JANE
STREET ADDRESS 82 DEVONSHIRE STREET
CITY-ST-ZIP BOSTON, MA 02109 ☐ Delete

TITLE
NAME 800035726688
STREET ADDRESS 05/06/04--01078--013
CITY-ST-ZIP **150.00 ☐ Change ☐ Addition

TITLE EVP
NAME HOLBORN, DONALD C
STREET ADDRESS 82 DEVONSHIRE STREET
CITY-ST-ZIP BOSTON, MA 02109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE C
NAME ROITER, ERIC
STREET ADDRESS 82 DEVONSHIRE STREET
CITY-ST-ZIP BOSTON, MA 02109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AC
NAME FREEDMAN, JAY
STREET ADDRESS 82 DEVONSHIRE STREET
CITY-ST-ZIP BOSTON, MA 02109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MARCINOWSKI, RAYMOND J
STREET ADDRESS 82 DEVONSHIRE STREET
CITY-ST-ZIP BOSTON, MA 02109 ☒ Delete

TITLE Director
NAME Elynn A. McColgan
STREET ADDRESS 82 Devonshire Street
CITY-ST-ZIP Boston, MA 02109 ☒ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Jay Freedman, Assistant Clerk (617) 563-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #