

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 844341 1. Entity Name FIDELITY DISTRIBUTORS CORPORATION						FILED 05 APR 13 AM 11:55 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 Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
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 CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARNEY, JEFFREY 82 DEVONSHIRE STREET BOSTON, MA 02109 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600053930166 05/06/05--01003--012 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREENE, JANE 82 DEVONSHIRE STREET BOSTON, MA 02109 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP HOLBORN, DONALD C 82 DEVONSHIRE STREET BOSTON, MA 02109 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROITER, ERIC 82 DEVONSHIRE STREET BOSTON, MA 02109 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Eric Roiter 82 Devonshire St. Boston, MA 02109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC FREEDMAN, JAY 82 DEVONSHIRE STREET BOSTON, MA 02109 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Jay Freedman 82 Devonshire St. Boston, MA 02109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLGAN, ELLYN A 82 DEVONSHIRE STREET BOSTON, MA 02109 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Susan Sturdy 82 Devonshire St. Boston, MA 02109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <u>Susan Sturdy</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>4/12/05</u> (617) 563-7000 <small>Date Daytime Phone</small>			

Susan Sturdy, Assistant Secretary