


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000006499 1. Entity Name FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.						FILED 04 APR 20 PM 4:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 82 DEVONSHIRE STREET BOSTON, MA 02109				Mailing Address 82 DEVONSHIRE STREET, #F7B 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 04132004				Chg-P		CR2E034 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent C T 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, 2004 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 SMAIL, PETER J 82 DEVONSHIRE STREET BOSTON, MA 02109			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Joseph LoRusso 82 Devonshire Street Boston, MA 02109		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TIBBETTS, STEPHEN E 82 DEVONSHIRE STREET BOSTON, MA 02109			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FREEDMAN, JAY 82 DEVONSHIRE STREET BOSTON, MA 02109			TITLE NAME STREET ADDRESS CITY-ST-ZIP	700035726697 05/06/04--01078--014 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOLGAN, ELLYN A 82 DEVONSHIRE STREET BOSTON, MA 02109			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP CALLAHAN, JOHN W 82 DEVONSHIRE STREET BOSTON, MA 02109			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP LORUSSO, JOSEPH 82 DEVONSHIRE STREET BOSTON, MA 02109			TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP William C. Carey 82 Devonshire Street Boston, MA 02109		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Jay Freedman, Clerk Date <u>4-16-04</u> Daytime Phone # <u>(617) 563-7000</u>			