

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

CORPORATION REINSTATEMENT  
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS  
COMPAN

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$1,058.75

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 SECRETARY OF STATE  
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #** F0000006499  
 1. Corporation Name  
 Fidelity Investments Institutional Operations Company, Inc.

2. Principal Office Address - No P.O. Box # 82 Devonshire Street		3. Mailing Office Address 82 Devonshire Street	
Suite, Apt. #, etc. F7B		Suite, Apt. #, etc. F7B	
City & State Boston, MA		City & State Boston, MA	
Zip 02109	Country USA	Zip 02109	Country USA

CR2B001 (6/10)

4. Date incorporated or Qualified To Do Business in Florida 11/21/2000

5. FEI Number 04-2647786  Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
C T Corporation System

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

Suite, Apt. #, Etc.  
-

City  
Plantation

State  
FL

Zip Code  
33324

8. I, being appointed and registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: *[Signature]* TRACMONAK SYSTEMS ASSISTANT SECRETARY Date: 6/17/10

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	(see attached)		
			B, 6/17/10
			REINSTATEMENT 08-10

10. E-mail Address: nicols.heilman.boyer@fmr.com (To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* Peter D. Stahl Date: June 14, 2010 (617) 563-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

