April 10, 2003 Daytime Phone #

2003 FOR PROFIT CORPORATION

SIGNATURE: Susan St SIGNATURE: Susan St SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

مستريت ا	AIFORM BUSINE	<u>SS REPORT (</u>	UB	R)					
DOCUMENT # F0000006499  1. Entity Name FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.						FILED 03 APR 21 PH 1: 25			
Principal Place of Business 82 DEVONSHIRE STREET BOSTON, MA 02109		Mailing Address 82 DEVONSHIRE STREET BOSTON, MA 02109				SECRETARY OF TALLAHASSEE.	STATE FLORIDA		
2. Principal Place of Business		3. Mailing Address 82 Devonshire Street				-			
Suite, Apt. #, etc.		Suite, Apt. #, etc. F7B				☑ CHECK HERE IF MAKING CHANGES			
City & State		City & State Boston, MA			4.	04-2647786		Applied For Not Applicat	
Zip	Country	Zip 02109	Countr USA	У	5.	Certificate of Status Desired	\$8.75 Fee Req	Additional uired	
	6. Name and Address of Current	Registered Agent			7.	Name and Address of New Regis	stered Agent		$\neg$
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name Street Add	dress (P.O. Box Number is Not Acceptable)				
The above named entity submits this statement for the purpose of changing its rethe obligations of registered agent.				City d office or re	FL Zip Code registered agent, or both, in the State of Florida. I am familiar with, and accept 400118450844				
SIGNATURE	Signalure, typed or printed name of registered agent a	multitle if applicable. (NOTE: R	legisted.	Agentsignatue		<u> 05/07/030108901</u>	4 **150.	.00	
After	FILE NOW!!! FEE IS \$150:00 May 1, 2003 Fee will be \$550:00 Payable to Florida Department of	f State	•		•	Election Campaign Financi     Trust Fund Contribution.		5.00 May Be	,
10.	OFFICERS AND	DIRECTORS	11.		A	DDITIONS/CHANGES TO OFFICER	S AND DIRECT	ORS IN 11	$\neg$
TITLE NAME STREET ADDRESS CITY-ST-ZP	PD SMAIL, PETER J 82 DEVONSHIRE STREET BOSTON, MA 02109	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS 2	John W 32 Deve	xecutive Vice President ohn W. Callahan 2 Devonshire Street oston, MA 02109		nge 🔀 Additi	S S S CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TIBBETTS, STEPHEN E 82 DEVONSHIRE STREET BOSTON, MA 02109	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS {	Execut: Joseph 32 Dev	ive Vice President LoRusso onshire Street , MA 02109	☐ Chan	ge 🔀 Additi	CRZE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FREEDMAN, JAY 82 DEVONSHIRE STREET BOSTON, MA 02109	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		lice P Richard 32 Deve	resident d H. Linton, Jr. onshire Street , MA 02109	Chan	ge 🔀 Additi	១វា
TITLE NAME STREET ADDRESS CITY-ST-2IP	D MCCOLGAN, ELLYN A 82 DEVONSHIRE STREET BOSTON, MA 02109	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS 8	Assista Susan S 32 Deve	ant Clerk Sturdy onshire Street , MA 02109	☐ Chan	ge 🔀 Additi	on
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGOVERN, GAIL 82 DEVONSHIRE STREET BOSTON, MA 02109	<b>⊠</b> Delete	TITLE NAME STREET CITY-S	ADDRÆSS 8	Seth H. 32 Devo	ance Officer . Stewart onshire Street , MA 02109	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	de Brain	nc
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS 1-ZIP			Chap	ge Add tin	nc
indicated of the cor	pertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, v	true and accurate and that my swered to execute this report as	signatu	re shall have	e the same	legal effect as if made under oath:	that I am an offi	cer or director	r í

Susan Sturdy, Assistant Clerk