## **2004 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

DOCUMENT # F01000002407

SIGNATURE:



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Feb 18, 20	004 8:00 am
,	y of State
	01.6.040 ***1.50 7.5

02-18-2004 90016 048 \*\*\*158.75

617-422-49.72 Daytime Phone \*

1. Entity Name PIONEER	e FUNDS DISTRIBUTOR, IN	NC.							
Principal Place	e of Business	Mailing Address							
60 STATE ST		ATTN: DOROTHY BOURAS	SA						
19TH FLOOR		60 STATE STREET					2401	1803	1
BOSTON, MA		BOSTON, MA 02109			1 (41)111 11)) 1	   <b>                                   </b>			:  01      11
2. Principal Pl	ace of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02052004	Chg-P	CR2E00	34 (10/03)	
City & State	9	City & State			4. FEI Numbe 04-3042			<u> </u>	plied For at Applicable
Zip	Country	Zip	Country			of Status Desired		8.75 Add	litional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R		•	
	مو سرب بن	_	- Name				<del></del>	<del></del>	
	ORATION SYSTEM		Street Ad	1 //	DO Day North	. :- N:-+ A+			
	TH PINE ISLAND ROAD		Street Ad	ioress (i	P.O. Box Numbe	r is Not Acceptable	<del>?</del> )		
PLANTATI	ON, FL 33324								
			City					Zip Cod	
							FL		
	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	gistered office or i	register	ed agent, or boti	n, in the State of Flo	orida. I am f	amiliar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signatur	re required	when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campaign Trust Fund Contrib	*****		.00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE	PDC	Delete	TITLE	P	5 66	.a~. Te		Change	Addition
NAME	GERACI, DANIEL T		NAME	70	HN F COG	STREET			
STREET ADDRESS	60 STATE STREET		STREET ADDRESS CITY-ST-ZIP	2	Boszaki	MA 02109			
CITY-ST-ZIP	BOSTON, MA 02109					7			
TITLE NAME	T GOODWIN, MARK D	☐ Delete	TITLE NAME	77	CFO			☐ Change	Addition
STREET ADDRESS	60 STATE STREET		STREET ADDRESS						
CITY-ST-ZIP	BOSTON, MA 02109		CITY-ST-ZIP						
TITLE	S	☐ Delete	TITLE	VP.	CLERK			Change	Addition
NAME	BOURASSA, DOROTHY E		NAME		,				
STREET ADDRESS	60 STATE STREET	~	STREET ADDRESS	-					-
C/TY-ST-ZIP	BOSTON, MA 02109		CITY-ST-ZIP ·						
TITLE								Change	Addition
	D	☐ Delete	TITLE	70,	EVP			∠ Orlange	
NAME	GRAZIANO, STEVEN M	☐ Delete	NAME	70,	EVP			<b>∠</b> onenge	
STREET ADDRESS	GRAZIANO, STEVEN M 60 STATE STREET	☐ Delete	NAME STREET ADDRESS	70,	EVP			⊠ onenge	
STREET ADDRESS CITY-ST-ZIP	GRAZIANO, STEVEN M		NAME Street Address City-St-Zip		C 10				<b>□</b> Addition
STREET ADDRESS	GRAZIANO, STEVEN M 60 STATE STREET	□ Delete	NAME STREET ADDRESS		C 10	O' GRAPY		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE	GRAZIANO, STEVEN M 60 STATE STREET		NAME STREET ADDRESS CITY-ST-ZIP TITLE	AW	EVP WIAM F	0: Grapy Street		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	GRAZIANO, STEVEN M 60 STATE STREET		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	AW	EVP WIAM F	O' GRAPY STREET V	7	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	GRAZIANO, STEVEN M 60 STATE STREET		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	AW	EVP WIAM F	O' GRAPY STREET V MA 02109	7	☐ Change	Addition Maddition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby of indicated of the core	GRAZIANO, STEVEN M 60 STATE STREET	Delete  Delete  Delete  h this filling does not qualify for the strue and accurate and that my owered to execute this report as	NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP CIT	PW 60 H	EVP HI AM F OSTON, ) CCO ERALD + OSTON, OSTON, State OSTON, Same legal effec	MA 0 2109  STARN STREET MA 03  ), Florida Statutes, t as if made under	oath; that I a	Change Change	Addition  Information

Affachment 24 Officers and Directors

TITLE:

Assistant Treasurer

60 State Street Boston, MA 02109 Addition