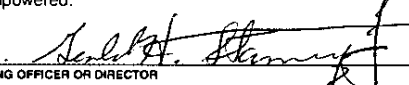


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90025 018 ***158.75

DOCUMENT # F01000002407 1. Entity Name PIONEER FUNDS DISTRIBUTOR, INC.					
Principal Place of Business 60 STATE STREET 19TH FLOOR BOSTON, MA 02109			Mailing Address ATTN: DOROTHY BOURASSA 60 STATE STREET BOSTON, MA 02109		
2. Principal Place of Business 60 STATE STREET Suite, Apt. #, etc. COMPLIANCE DEPT		3. Mailing Address Suite, Apt. #, etc. ATTN: COMPLIANCE DEPT			
City & State BOSTON, MA		City & State BOSTON, MA		4. FEI Number 04-3042318	
Zip 02109		Country USA		5. Certificate of Status Desired ☒ \$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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P COGAN, JOHN F JR. 60 STATE ST. BOSTON, MA 02109	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO GOODWIN, MARK D 60 STATE STREET BOSTON, MA 02109	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC BOURASSA, DOROTHY E 60 STATE STREET BOSTON, MA 02109	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP GRAZIANO, STEVEN M 60 STATE STREET BOSTON, MA 02109	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP O'GRADY, WILLIAM F 60 STATE ST. BOSTON, MA 02109	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCCO STANNEY, GERALD G JR 60 STATE ST. BOSTON, MA 02109	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ☒ Change ☐ 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: GERALD H. STANNEY JR.  2/10/05 617-422-4972 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

60010000

