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	Mailing Address
60 STATE STREET 19TH FLOOR BOSTON, MA 02109	ATTN: DOROTHY BOURASSA 60 STATE STREET BOSTON, MA 02109

01272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
60 STATE STREET	
Suite, Apt. #, etc. COMPLIANCE DEPT	Suite, Apt. #, etc. ATTN: COMPLIANCE DEPT
City & State BOSTON, MA	City & State
Zip / Country 02109 / USA	Zip / Country

4. FEI Number
04-3042318
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 #