


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 OCT 30 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 408000005241

1. Corporation Name
Fidelity Management & Research Company

CROSS REF: FMR CO., Inc.

REINSTATEMENT 2009

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

CR2E0E1 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida December 10, 2008

5. FEI Number 04-3472540 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 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)
1300 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the 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] **TRACI HOUCK**
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 10/30/09

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

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
	See attached list of Directors and Officers		

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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] **Mary Brady, Ass. Secretary** 10/30/2009

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

Florida Department of State
Division of Corporations
Public Access System

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

From: C T CORPORATION SYSTEM
Account Name : C T CORPORATION SYSTEM
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CORPORATION REINSTATEMENT

FIDELITY MANAGEMENT & RESEARCH COMPANY

Certificate of Status	1
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