FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 AM 11:56

DOCUMENT # **F94000003074 (1)**

1. Corporation Name
FIDELITY MANAGEMENT TRUST COMPANY

Principal Place of Business	Mailing Address
82 DEVONSHIRE STREET MAIL ZON R26A BOSTON MA 02109	82 DEVONSHIRE STREET MAIL ZON R26A BOSTON MA 02109

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/13/1994**
3a. Date of Last Report:

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **04-2723880** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
1500 MIAMI CENTER 201 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	☐ Change ☐ Addition
NAME	O'REILLY, JOHN P JR.	1.2 NAME	
STREET ADDRESS	51 LEDGEWAYS	1.3 STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY MA 02181	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MADDEN, ED	2.2 NAME	
STREET ADDRESS	97 BELLEVUE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	RYE NY 10580	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	WEBB, ALEXANDER III	3.2 NAME	
STREET ADDRESS	99 HARDING ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MEDFIELD MA 02052	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	HYATT, JAMES V	4.2 NAME	
STREET ADDRESS	ROCKLAND STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY MA 02181	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☒ Change ☐ Addition
NAME	MCGRATH, JOHN T	5.2 NAME	TREASURER
STREET ADDRESS	16 HICKORY LANE	5.3 STREET ADDRESS	BEGLEY, JOHN F.
CITY-ST-ZIP	SOUTH HAMILTON MA 01982	5.4 CITY-ST-ZIP	6 DUNDAS AVE ANDOVER, MA 01810
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John F. Begley JOHN F. BEGLEY 1/24/95 617-563-6343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000184 CP