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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000003074**

1. Corporation Name
FIDELITY MANAGEMENT TRUST COMPANY

Principal Place of Business	Mailing Address
ATTN: ~~MARGARET DASHUTA~~ 82 DEVONSHIRE ST.. MAILZONE H11A BOSTON MA 02109-3605	ATTN: ~~MARGARET DASHUTA~~ 82 DEVONSHIRE ST.. MAILZONE H11A BOSTON MA 02109-3605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 06/13/1994

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

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22: Attn: Dan Persechini 82 Devonshire St. H11A	Suite, Apt. #, etc 27: Attn: Dan Persechini 82 Devonshire St. H11A
City & State 23:	City & State 28:
Zip 24: Country 25:	Zip 29: Country 30:

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, typed 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	PCEO	☒ DELETE	1.1 TITLE	PCEO	☐ Change ☒ Addition
NAME	MCCARTHY, DENIS P JR.		1.2 NAME	JOHN F. MCNAMARA	
STREET ADDRESS	30 WHITING ROAS		1.3 STREET ADDRESS	150 BEACH STREET	
CITY-ST-ZIP	WELLESLEY MA 02181		1.4 CITY-ST-ZIP	COHASSET, MA 02025	
TITLE	VC	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MADDEN, EDWARD		2.2 NAME		
STREET ADDRESS	5 ARLINGTON ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA 02116		2.4 CITY-ST-ZIP		
TITLE	EVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	O'REILLY, JOHN P JR.		3.2 NAME		
STREET ADDRESS	51 LEDGEWAYS		3.3 STREET ADDRESS		
CITY-ST-ZIP	WELLESLEY MA 02181		3.4 CITY-ST-ZIP		
TITLE	TCFO	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MURPHY, JOHN E.		4.2 NAME		
STREET ADDRESS	71 FEARING DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	WESTWOOD MA 02090		4.4 CITY-ST-ZIP		
TITLE	CLER	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MENELLY, LISA		5.2 NAME		
STREET ADDRESS	525 WATERTOWN ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEWTON MA 02160		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE Dan Persechini, Vice President, Finance 3/11/99 (617)563-4473

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