04-27-2006 90181 021 ***150.00
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2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F94000003074

1. Entity Name
FIDELITY MANAGEMENT TRUST COMPANY

FILED
06 MAY -4 AM 11:25
400066156
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
82 DEVONSHIRE STREET MAILZONE V5B BOSTON, MA 02109-3605	82 DEVONSHIRE STREET MAILZONE V5B BOSTON, MA 02109-3605

04182006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
82 Devonshire Street	82 Devonshire Street
Suite, Apt. #, etc. Mail Zone G10B	Suite, Apt. #, etc. Mail Zone G10B
City & State Boston, MA	City & State Boston, MA
Zip 02109 Country USA	Zip 02109 Country USA

4. FEI Number
04-2723880
☐ 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	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, 2006 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	CP LAWTON, DREW E 85 ANDERSON STREET,APT. 3B BOSTON, MA 02108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP Lawton, Drew E. 82 Devonshire Street, MZ G10A Boston, MA 02109	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC MADDEN, EDWARD 5 ARLINGTON ST BOSTON, MA 02116	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$895/11	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP O'REILLY, JOHN P JR. 51 LEDGEWAYS WELLESLEY, MA 02181	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP O'Reilly, John P. Jr. 82 Devonshire Street, MZ G10A Boston, MA 02109	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VF PERSECHINI, DANIEL 82 DEVONSHIRE STREET BOSTON, MA 02109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CLER MENELLY, LISA 525 WATERTOWN ST NEWTON, MA 02160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CLER Menelly, Lisa 82 Devonshire Street, MZ F7B Boston, MA 02109	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP MURPHY, JOHN E 71 FEARING DRIVE WESTWOOD, MA 02090	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Ennes, Eric 82 Devonshire Street, MZ G10A Boston, MA 02109	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Daniel Persechini 4-18-06 617-563-4473
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #

DANIEL PERSECHINI