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PROFIT CORPORATION ANNUAL REPORT 1999



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

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



DOCUMENT # F98000000937 1. Corporation Name FIDELITY INVESTMENTS EMPLOYER BENEFITS SERVICES CORP.

Principal Place of Business 82 DEVONSHIRE STREET N 7A BOSTON MA 02109 Mailing Address 82 DEVONSHIRE STREET N 7A BOSTON MA 02109

2. Principal Place of Business 21 82 Devonshire Street Suite, Apt. #, etc. 22 Mailzone F7D City & State 23 Boston, MA Zip 24 02109 Country 25 Suffolk 26 82 Devonshire Street Suite, Apt. #, etc. 27 Mailzone F7D City & State 28 Boston, MA Zip 29 02109 Country 30 Suffolk

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature is required when he is acting) DATE

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox. Rows include FERRIS, JOHN E; GREENSTEIN, GARY; FREEDMAN, JAY; NORLEY, PAMELA J.

Table with 5 columns: 11. TITLE, 12. NAME, 13. STREET ADDRESS, 14. CITY-ST-ZIP, and a CHANGED/ADDED checkbox. Rows include Daniel B. Holmes (President) and Daniel B. Holmes (Director).

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: Jay Freedman, Clerk 2/9/99 617-563-8515 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)