2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
04 MAY -6 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000001785

1. Entity Name
FIDELITY EMPLOYER SERVICES COMPANY LLC

Principal Place of Business	Mailing Address
82 DEVONSHIRE STREET, #F7B BOSTON, MA 02109	82 DEVONSHIRE STREET, #F7B BOSTON, MA 02109

DO NOT WRITE IN THIS SPACE

03152004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
04-3523437

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	JONAS, STEPHEN P
STREET ADDRESS	82 DEVONSHIRE STREET
CITY-ST-ZIP	BOSTON, MA 02109
TITLE	MGR
NAME	RICHER, CLARE S
STREET ADDRESS	82 DEVONSHIRE STREET
CITY-ST-ZIP	BOSTON, MA 02109
TITLE	MGR
NAME	SMAIL, PETER J
STREET ADDRESS	82 DEVONSHIRE STREET
CITY-ST-ZIP	BOSTON, MA 02109
TITLE	AS
NAME	FREEDMAN, JAY
STREET ADDRESS	82 DEVONSHIRE STREET, #F7B
CITY-ST-ZIP	BOSTON, MA 02109
TITLE	AS
NAME	STURDY, SUSAN
STREET ADDRESS	82 DEVONSHIRE STREET, #F7B
CITY-ST-ZIP	BOSTON, MA 02109
TITLE	S
NAME	NORLEY, PAMELA J
STREET ADDRESS	82 DEVONSHIRE STREET, #F7B
CITY-ST-ZIP	BOSTON, MA 02109

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05/11/04--01009--017 **50.00

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11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ Jay Freedman, Assistant Clerk (617) 563-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date 5-4-04 Daytime Phone #