


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

05 APR 13 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000001785 1. Entity Name FIDELITY EMPLOYER SERVICES COMPANY LLC					
Principal Place of Business 82 DEVONSHIRE STREET, #F7B BOSTON, MA 02109			Mailing Address 82 DEVONSHIRE STREET, #F7B BOSTON, MA 02109		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 04-3523437	
5. Certificate of Status Desired				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State: 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME JONAS, STEPHEN P STREET ADDRESS 82 DEVONSHIRE STREET CITY-ST-ZIP BOSTON, MA 02109	<input type="checkbox"/> Delete		TITLE Director NAME Stephen P. Jonas STREET ADDRESS 82 Devonshire St. Boston, MA 02109 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME RICHER, CLARE S STREET ADDRESS 82 DEVONSHIRE STREET CITY-ST-ZIP BOSTON, MA 02109	<input checked="" type="checkbox"/> Delete		TITLE Director NAME William C. Carey STREET ADDRESS 82 Devonshire St. Boston, MA 02109 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE MGR NAME SMAIL, PETER J STREET ADDRESS 82 DEVONSHIRE STREET CITY-ST-ZIP BOSTON, MA 02109	<input type="checkbox"/> Delete		TITLE President & Director NAME Peter J. Smail STREET ADDRESS 82 Devonshire St. Boston, MA 02109 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AS NAME FREEDMAN, JAY STREET ADDRESS 82 DEVONSHIRE STREET, #F7B CITY-ST-ZIP BOSTON, MA 02109	<input type="checkbox"/> Delete		TITLE Secretary NAME Jay Feedman STREET ADDRESS 82 Devonshire St. Boston, MA 02109 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AS NAME STURDY, SUSAN STREET ADDRESS 82 DEVONSHIRE STREET, #F7B CITY-ST-ZIP BOSTON, MA 02109	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition 300050817883 04/15/05--01006--003 **50.00		
TITLE S NAME NORLEY, PAMELA J STREET ADDRESS 82 DEVONSHIRE STREET, #F7B CITY-ST-ZIP BOSTON, MA 02109	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Susan Sturdy</u>			Date: <u>4/12/05</u>		Daytime Phone #: <u>(617) 563-7000</u>

Susan Sturdy, Assistant Secretary