

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01052005 Chg-LLC CR2E083 (10/03)

4. FEI Number
04-3523437

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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

**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	<input type="checkbox"/> Delete	TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JONAS, STEPHEN P		NAME Stephen P. Jonas	
STREET ADDRESS 82 DEVONSHIRE STREET		STREET ADDRESS 82 Devonshire St. Boston, MA 02109	
CITY-ST-ZIP BOSTON, MA 02109		CITY-ST-ZIP Boston, MA 02109	
TITLE MGR	<input checked="" type="checkbox"/> Delete	TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RICHER, CLARE S		NAME William C. Carey	
STREET ADDRESS 82 DEVONSHIRE STREET		STREET ADDRESS 82 Devonshire St. Boston, MA 02109	
CITY-ST-ZIP BOSTON, MA 02109		CITY-ST-ZIP Boston, MA 02109	
TITLE MGR	<input type="checkbox"/> Delete	TITLE President & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMAIL, PETER J		NAME Peter J. Smail	
STREET ADDRESS 82 DEVONSHIRE STREET		STREET ADDRESS 82 Devonshire St. Boston, MA 02109	
CITY-ST-ZIP BOSTON, MA 02109		CITY-ST-ZIP Boston, MA 02109	
TITLE AS	<input type="checkbox"/> Delete	TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FREEDMAN, JAY		NAME Jay Feedman	
STREET ADDRESS 82 DEVONSHIRE STREET, #F7B		STREET ADDRESS 82 Devonshire St. Boston, MA 02109	
CITY-ST-ZIP BOSTON, MA 02109		CITY-ST-ZIP Boston, MA 02109	
TITLE AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STURDY, SUSAN		NAME	
STREET ADDRESS 82 DEVONSHIRE STREET, #F7B		STREET ADDRESS	
CITY-ST-ZIP BOSTON, MA 02109		CITY-ST-ZIP	
TITLE S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NORLEY, PAMELA J		NAME	
STREET ADDRESS 82 DEVONSHIRE STREET, #F7B		STREET ADDRESS	
CITY-ST-ZIP BOSTON, MA 02109		CITY-ST-ZIP	

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: Susan Sturdy 4/12/05 (617) 563-7000

Susan Sturdy, Assistant Secretary

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



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SIGNATURE: Susan Sturdy 4/12/05 (617) 563-7000

Susan Sturdy, Assistant Secretary