

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

09 JUN 23 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M07000006710

1. Entity Name
FIDELITY TECHNOLOGY GROUP, LLC



Principal Place of Business
82 DEVONSHIRE STREET
BOSTON, MA 02109

Mailing Address
82 DEVONSHIRE STREET
BOSTON, MA 02109

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06162009 REIN-LLC

CR2E101 (1/07)

4. FEI Number
20-8636067

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

7. Name and Address of New Registered Agent

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

Connie Bryan
Signature, typed or printed name of registered agent and title if applicable

Connie Bryan
Assistant Secretary

DATE

6/23/09

FILE NOW!!! FEE IS \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM ☐ Delete
FIDELITY INVESTMENTS INSTITUTIONAL SERVICE
STREET ADDRESS 82 DEVONSHIRE STREET
CITY-ST-ZIP BOSTON, MA 02109

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 800157611198
CITY-ST-ZIP 06/23/09--01019--D10 **\$377.50

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Susan Sturdy, Secretary, Managing Member

Date

Daytime Phone #

6/17/09