M07000006710

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LIMITED LIABILITY REINSTATEMENT
FIDELITY TECHNOLOGY GROUP, LLC

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M07000006710

1. Limited Liability Company's Name

Fidelity Technology Group, LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
82 Devonshire Street	82 Devonshire Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	F7B
City & State	City & State
Boston, MA	Boston
Zip / Country	Zip / Country
02109 / USA	MA / USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 11/13/2007

6. FEI Number: 20-8636067 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: [signature] or Kristen Betzger Vice President — Date: 11/3/2010

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	FMR LLC - managing member	82 Devonshire Street	Boston, MA 02109
REINSTATEMENT -10			

11. E-mail Address: nicole.mastrian@fmr.com
(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: [signature] Date: 11/1/10 Daytime Phone #: 617-563-7000

Typed or printed name of signing Managing Member/Manager: Peter D. Stahl - Assistant Secretary, Managing Member