

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1999 |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P10780

1. Corporation Name

FIDELITY INVESTMENTS INSTITUTIONAL SERVICES COMP  
ANY, INC.

Principal Place of Business

Mailing Address

82 DEVONSHIRE ST.  
N7A  
BOSTON MA 02109  
US

82 DEVONSHIRE ST.  
N7A  
BOSTON MA 02109  
US

2. Principal Place of Business

2a. Mailing Address

21 82 Devonshire Street

26 82 Devonshire Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Mailzone F7D

27 Mailzone F7D

City & State

City & State

23 Boston, MA

28 Boston, MA

Zip

Zip

Country

Country

24 02109

25 Suffolk

29 02109

30 Suffolk

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1986

4. FEI Number

04-2882358

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax

[ ] Yes [ ] No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

[ ] DELETE

TITLE P  
NAME KELLY, KEVIN J  
STREET ADDRESS 82 DEVONSHIRE ST. N7A  
CITY-ST-ZIP BOSTON MA 02109

[X] DELETE

TITLE D  
NAME MULHERIN, JOHN J  
STREET ADDRESS 82 DEVONSHIRE ST.  
CITY-ST-ZIP BOSTON MA 02109

[ ] DELETE

TITLE S  
NAME FREEDMAN, JAY  
STREET ADDRESS 82 DEVONSHIRE ST.  
CITY-ST-ZIP BOSTON MA 02109

[ ] DELETE

TITLE T  
NAME TIBBETTS, STEVEN E  
STREET ADDRESS 82 DEVONSHIRE ST.  
CITY-ST-ZIP BOSTON MA 02109

[ ] DELETE

TITLE D  
NAME JOHNSON, 3RD, EDWARD C  
STREET ADDRESS 82 DEVONSHIRE ST., N7A  
CITY-ST-ZIP BOSTON MA 02109

[ ] DELETE

TITLE D  
NAME REYNOLDS, ROBERT L  
STREET ADDRESS 82 DEVONSHIRE ST., N7A  
CITY-ST-ZIP BOSTON MA 02109

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[X] Change [ ] Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

82 Devonshire Street  
Boston, MA 02109

Director

Kevin J. Kelly

82 Devonshire Street  
Boston, MA 02109

[X] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[X] Change [ ] Addition

[X] Change [ ] Addition

82 Devonshire Street  
Boston, MA 02109

82 Devonshire Street  
Boston, MA 02109

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay Freedman, Clerk 2/9/99

617-563-8515

Date

Daytime Phone #

CR2E034 (11/98)