

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P10780

1. Entity Name

FIDELITY INVESTMENTS INSTITUTIONAL SERVICES COMP

FILED

00 JAN 19 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

82 DEVONSHIRE ST.
MAILZONE F7D
BOSTON MA 02109
US

82 DEVONSHIRE ST.
MAILZONE F7D
BOSTON MA 02109-3605
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 04-2882358

Applied For
Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE D ☐ Change ☒ Addition
NAME J. Gary Burkhead
STREET ADDRESS 82 Devonshire Street
CITY-ST-ZIP Boston, MA 02109

TITLE D ☐ Delete
NAME KELLY, KEVIN J
STREET ADDRESS 82 DEVONSHIRE ST..
CITY-ST-ZIP BOSTON MA 02109

TITLE ☐ Change ☐ Addition
NAME 600003114916--8
STREET ADDRESS -01/28/00--01079--020
CITY-ST-ZIP ****150.00 ****150.00

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

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

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

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

TITLE D ☒ Delete
NAME JOHNSON, EDWARD C III
STREET ADDRESS 82 DEVONSHIRE STREET
CITY-ST-ZIP BOSTON MA 02109

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

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

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

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature) Jay Freedman, Clerk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00
Date

617-563-8515
Daytime Phone #

SP