


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>DOCUMENT # P10780</b><br>1. Entity Name<br><b>FIDELITY INVESTMENTS INSTITUTIONAL SERVICES COMPANY, INC.</b>  |  |  |  |  |  |
| Principal Place of Business<br><b>82 DEVONSHIRE ST.<br/>BOSTON, MA 02109 US</b>   |  |  | Mailing Address<br><b>82 DEVONSHIRE STREET, #F7B<br/>BOSTON, MA 02109</b>  |   |  |
| 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<br><b>04-2882358</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CT CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND RD.<br/>PLANTATION, FL 33324</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>POCE<br/>MCCOLGAN, ELLYN A<br/>82 DEVONSHIRE ST.<br/>BOSTON, MA 02109</b> | <input checked="" type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>President, Director<br/>Joseph LoRusso<br/>82 Devonshire Street<br/>Boston, MA 02109</b>                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>T<br/>TIBBETTS, STEPHEN E<br/>82 DEVONSHIRE ST.<br/>BOSTON, MA 02109</b>  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>900035726679<br/>05/06/04--01078--012 **150.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>C<br/>FREEDMAN, JAY<br/>82 DEVONSHIRE ST.<br/>BOSTON, MA 02109</b>        | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>EVP<br/>LAWTON, DREW E<br/>82 DEVONSHIRE STREET<br/>BOSTON, MA 02109</b>  | <input checked="" type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>SMAIL, PETER J<br/>82 DEVONSHIRE STREET<br/>BOSTON, MA 02109</b>    | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>AC<br/>SUTRDY, SUSAN<br/>82 DEVONSHIRE STREET<br/>BOSTON, MA 02109</b>    | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Susan Sturdy</b>                        |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |  |  |   |  |
| <b>SIGNATURE:</b>    |  | Jay Freedman, Clerk  |  | 4-16-04 (617) 563-7000  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |  |  |   |  |

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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