2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P10780 FILED 1. Entity Name FIDELITY INVESTMENTS INSTITUTIONAL SERVICES 05 APR 13 PH 12: 35 COMPANY, INC. TALL ANASSEE, FLUMMA Principal Place of Business Mailing Address 82 DEVONSHIRE ST. 82 DEVONSHIRE STREET, #F7B BOSTON, MA 02109 HS BOSTON, MA 02109 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 CR2E034 (10/03) Chg-P 4. FEI Number Applied For City & State City & State 04-2882358 Not Applicable Ζiρ Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Change ☐ Addition TITLE Defete 200053930368 LORUSSO, JOSEPH NAME NAME 05/06/05--01003--017 **150.00 STREET ADDRESS 82 DEVONSHIRE ST. STREET ADDRESS CITY-ST-7P **BOSTON, MA 02109** CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME TIBBETTS, STEPHEN E NAME 82 DEVONSHIRE ST. STREET APPRIESS STREET ADDRESS CITY-ST-ZIP BOSTON, MA 02109 CITY-ST-ZIP Secretary X Change ☐ Addition TITLE Defete TILE C C FREEDMAN, JAY NAME NAME Jay Freedman STREET ADDRESS 82 DEVONSHIRE ST. STREET ADDRESS 82 Devonshire St. Boston, MA 02109 CITY-ST-ZIP BOSTON, MA 02109 CITY-ST-ZIP ☐ Delete TITLE ΠΠE ☐ Change ☐ Addition SMAIL, PETER J NAME NAME STREET ADDRESS **82 DÉVONSHIRE STREET** STREET ADDRESS CITY-ST-7IP BOSTON, MA 02109 CETY-ST-7IP ☐ Delete TITLE Change TITLE ☐ Addition Assistant Secretary NAME STURDY, SUSAN NAME Susan Sturdy STREET ADDRESS **82 DEVONSHIRE STREET** STREET ADDRESS 82 Devonshire St. Boston, MA 02109 CITY-ST-7IP BOSTON, MA 02109 CITY-ST-7IP TITLE Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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. (617) 563-7000 SIGNATURE: NG OFFICER OR DIRECTOR Susan Sturdy, Assistant Secretary