

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002314

Entity Name: FIDELITY TALENTSOURCE LLC**Current Principal Place of Business:**245 SUMMER STREET, V4C
BOSTON, MA 02210**Current Mailing Address:**245 SUMMER STREET, V4C
C/O CORPORATE LEGAL
BOSTON, MA 02210 US**FEI Number:** 04-3535482**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title ASST. SECRETARY

Name MCLAIN, BRIAN C.

Address 245 SUMMER STREET

City-State-Zip: BOSTON MA 02210

Title PRESIDENT

Name TOTH, KRISTIN

Address 245 SUMMER STREET

City-State-Zip: BOSTON MA 02210

Title TREASURER

Name SLYCONISH, JOHN

Address 245 SUMMER STREET

City-State-Zip: BOSTON MA 02210

Title ASST. TREASURER

Name SHULMAN, MICHAEL

Address 245 SUMMER STREET

City-State-Zip: BOSTON MA 02210

Title SECRETARY

Name KRIESER, LISA D.

Address 245 SUMMER STREET

City-State-Zip: BOSTON MA 02210

Title DIRECTOR

Name KUYKENDOLL, KIRSTEN

Address 245 SUMMER STREET

City-State-Zip: BOSTON MA 02210

Title DIRECTOR

Name WALLENMEYER, BRIAN

Address 245 SUMMER STREET

City-State-Zip: BOSTON MA 02210

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LISA D. KRIESER**SECRETARY****04/26/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date