

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