89/178

FORM D

SEC 1972 (6-02)

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

U	ين د.		•
Prefix			Serial
	DATE RE	CEIVED	_
	1	1	

UNIFORM LIMITED OFFERING EXEMI	PTION
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
	("NQDC")
Filing Under (Check box(es) that apply): Rule 504 Rule 505 X Rule 506 Section 4(6) Type of Filing: New Filing X Amendment	PROCESSE
A. BASIC IDENTIFICATION DATA	APR 0.1 2005
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	HOWSON FINANCE:
FMR Corp.	ن ماه که چون کارکرین
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
82 Devonshire Street, Boston, MA 02109	(617) 563-7000
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Please see Schedule A.	
Type of Business Organization X corporation	lease specify):
Actual or Estimated Date of Incorporation or Organization: Month Year Actual or Estimated Date of Incorporation or Organization: O O O O O Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	nated
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D c 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only repo thereto, the information requested in Part C, and any material changes from the information previously supple not be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for s ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim fo accompany this form. This notice shall be filed in the appropriate states in accordance with state law. this notice and must be completed.	Securities Administrator in each state where sales r the exemption, a fee in the proper amount shall
ATTENTION —	
Failure to file notice in the appropriate states will not result in a loss of the federal exappropriate federal notice will not result in a loss of an available state exemption unle filling of a federal notice.	

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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1 of 9

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. See Schedule B attached hereto. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Check Box(es) that Apply: Promoter Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

AL AK AZ AR CA CO CT DE DC FL GA HI III. IN IA KS KY LA ME MD MA MI MN MS MT NE NV NH NJ NM NY NC ND OH OK OR RI SC SD TN TX UT VT VA WA WV WI WY Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	
Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?	No X
What is the minimum investment that will be accepted from any individual?	<u>(7)</u>
Does the offering permit joint ownership of a single unit? Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with asses of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, our may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA HI II. IRI TA KS KY LA ME MD MA MI MN MS MT NE NV NH NJ NM NY NC ND OH OK OR RL SC SD TN TX UT VT VA WA WV WI WY Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual) Business or Residence Address (Number and Street, City, State, Zip Code) AL AK AZ AR CA CO CT DE DC FL GA HI III. IRI TA KS KY LA ME MD MA MI MN MS Business or Residence Address (Number and Street, City, State, Zip Code) AL AK AZ AR CA CO CT DE DC FL GA HI III. IRI TA KS KY LA ME MD MA MI MN MS MT NE NV NH NJ NM NY NC ND OH OK OR RI SC SD TN TX UT VT VA WA WV WI WY Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	<i></i>
t. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA HI III NI IA KS KY LA NE MD MA MI MM MS MT NE NV NH NJ NM NY NC ND OH OK OR RI SC SD TN TX UT VT VA WA WV WI WY Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA HI III NI IA KS KY LA ME MD MA MI MM MS MT NE NV NH NJ NM NY NC ND OH OK OR RI SC SD TN TX UT VT VA WA WV WI WY Full NAME of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA HI III NI IA KS KY LA ME MD MA MI MM MS MT NE NV NH NJ NM NY NC ND OH OK OR RI SC SD TN TX UT VT VA WA WV WI WY Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	No
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Pull Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA HI II. IN IA KS KY LA ME MD MA MI MN MS MT NE NV NH NJ NM NY NC ND OH OK OR Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA HI III. IN IA KS KY LA ME MD MA MI MN MS MT NE NV NH NJ NM NY NC ND OH OK OR RT SC SD TN TX UT VT VA WA WV WI WY Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	X
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Business or Residence Address (Number and Street, City, State, Zip Code)	PR
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	s 0	\$ 0
	Equity		s 0
	Common Preferred		
	Convertible Securities (including warrants)	, 0	s 0
	Partnership Interests		\$ 0
	Other (Specify Participation) in NQDC		·
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.	·	<u> </u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	015	*
	Non-accredited Investors		\$ \$ N/A
	Total (for filings under Rule 504 only)	37 / 4	\$ N/A
			\$
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504	=	\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$ <u>0</u>
	Printing and Engraving Costs		\$ <u>0</u>
	Legal Fees	X	\$ <u>14,000</u>
	Accounting Fees		. 0
	Engineering Fees		<u>\$0</u>
	Sales Commissions (specify finders' fees separately)		\$_0
	Other Expenses (identify) Blue Sky filing fees		\$300
	Total		\$ <u>14,300.00</u>

*See Schedule C attached hereto.

	b. Enter the difference between the aggrand total expenses furnished in response to proceeds to the issuer."	Part C - Question 4.a. This difference	e is the "adjusted gross	i		<u>\$unl</u> :	imited**
5 .	Indicate below the amount of the adjusted each of the purposes shown. If the amo check the box to the left of the estimate. T proceeds to the issuer set forth in respon	unt for any purpose is not known, fu he total of the payments listed must e	irnish an estimate and qual the adjusted gross				
				Dir Af	ments to Officers, ectors, &	-	yments to Others
	Salaries and fees			□ \$_	0	_ 🗆 \$	0
	Purchase of real estate			\$	0	_ 🗆 \$	0
	Purchase, rental or leasing and installati			\$		_ 🗆 \$	0
	Construction or leasing of plant building	gs and facilities		□\$_	0	_ 🗆 \$	0
	Acquisition of other businesses (includi offering that may be used in exchange for issuer pursuant to a merger)	or the assets or securities of another		\$_	0	_ [] \$	0
	Repayment of indebtedness			\$_		_ 🔲 \$	<u> </u>
	Working capital			□ \$_	0	X \$ u	nlimited*
	Other (specify):			\$	00	_ 🗆 \$	0
				_ \$_	0	_ 🗆 \$	0
	Column Totals			□\$_	0	X \$ <u>u</u>	nlimited*
	Total Payments Listed (column totals ac	ded)			X \$ <u>u</u>	nlimit	ed**
		D. FEDERAL SIGNA	TÚRE	17.24	Artist L		
ig	e issuer has duly caused this notice to be sig nature constitutes an undertaking by the is information furnished by the issuer to an	suer to furnish to the U.S. Securities	and Exchange Comm	ssion,	upon writt		
	uer (Print or Type) FMR Corp.	Signature		Date MAR	сн 23	, 2005	
J.	me of Signer (Print or Type) Jay Freedman	Title of Signer (Print or Secretary	Type)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

** Unlimited less \$14,300

- ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		ATITR	

1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification	Yes	No
	provisions of such rule?		X

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
FMR Corp.	50	March 23, 2005
Name (Print or Type)	Title (Print or Type)	
Jay Freedman	Secretary	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Intend to sell to non-accredited investors in State (Part B-Item 1) State Yes No Participations Investors AL No Non-accredited investors in State (Part C-Item 1) Nonqualiffied Participations Investors Amount Number of ensation Plain Accredited Participations Investors Amount Number of ensation Plain Accredited Participations Investors Amount Number of ensation Plain Accredited Participations Non-Accredited Investors Amount Yes No AL AZ AR AZ AZ		APPENDIX								
AL	1	Intend to non-ac investors	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	investor and rchased in State C-Item 2)		Disqualification under State ULOE (if yes, attach explanation of waiver granted)	
AK	State	Yes	No	Nonqualified Deferred Comp- ensation Plan Participation	Number of Accredited S Investors	Amount	Non-Accredited	Amount	Yes	No
AZ	AL									
AR	AK								Charles of American in the American	
CA	AZ									
CO	AR				2 (4)4- 3 -4-4					
CT	CA		X	***	5	***	0	0		X
DE	со									
DC	СТ	~~~~	X	***	1	***	0	0		X
FL	DE				- House American					
GA	DC									
HI	FL		X	***	1	***	0	0		X
ID	GA									
IL X *** 1 *** 00 0	HI									
IN	ID									
IA	IL		X	***	1	***	0 (.	0		X
KS	IN									100
KY X *** 3 *** 0 0 X LA Image: Control of the	IA									
LA	KS									
ME	KY		X	***	3	***	0	0		X
MD	LA			Thoughton for						
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Procession of the contract o	MA		X	***	165	***	0	0		X
MN	MI								70.000 \$10000 0000000	31 - W
	MN			*						
MS S	MS									

APPENDIX

Intend to sell to non-accredited investors in State (Part B-Item 1)	1	2 .		3	4				5	
MO		to non-a investor	ccredited s in State -Item 1)	and aggregate offering price offered in state (Part C-Item 1)		amount pu	rchased in State		Disqualification under State ULOE (if yes, attach explanation of waiver granted)	
MT	State	Yes	No	Nonqualified Deferred Comp- ensation Plan Participation	Number of Accredited S Investors	Amount	Non-Accredited	Amount	Yes	No
NE	МО									
NY	MT									
NH	NE									
NJ	NV									- Articles
NM	NH		X	***	12	***	0	0		X
NY	NJ		X	***	7	***	0	0		X
NC	NM							- 		
ND	NY		X	***	3	***	0	0		X
OH X *** 10 *** 0 0	NC			3						
OK	ND						:			
OR	ОН		X	***	10	***	0	0		X
PA	ок			~						
RI	OR									
SC	PA			*						
SC	RI		X	***	2	***	0	0		X
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TX	SD									
UT	TN									3 2
VT	TX		X	***	5	***	0	0		X
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The second secon	WA							1		
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the state of the s	WI									33.44

				APP	ENDIX					
1	·	2 .	3		4			4 5 Disqualification		
	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			under State ULOI (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Nonqualified Deferred Comp- ensation Plan Participation	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR										

Brief Description of Business: The primary business activities of FMR Corp. are: (i) providing investment advisory and management services, primarily to the Fidelity Investments mutual funds; (ii) distributing investment products and providing securities brokerage and clearing services; (iii) providing participant record-keeping, transfer agent and investment portfolio services; and (iv) investing in and operating non-financial services businesses and real estate.

FMR Corp.

The business address of all of the below-named persons is c/o FMR Corp., 82 Devonshire Street, Boston, Massachusetts 02109.

DIRECTORS

Johnson, Edward C., 3d - Chairman of the Board

Byrnes, William L.

Curvey, James C.

Johnson, Abigail P.

Jonas, Stephen P.

Reynolds, Robert L.

EXECUTIVE OFFICERS -

Cronin, Laura B. FMR Corp. – Executive Vice President and

Financial Officer

Haile, Donald Fidelity Investments Systems Company -

President

Johnson, Abigail P. Fidelity Management & Research

Company - President

Johnson, Edward C., 3d FMR Corp. – Chief Executive Officer

Jonas, Stephen P. FMR Corp. – President, Enterprise

Operations and Risk Services

LoRusso, Joseph Fidelity Financial Intermediary Services -

President

McColgan, Ellyn A. Fidelity Brokerage Company – President

D. Ellen Wilson FMR Corp. – Executive Vice President,

Human Resources

Reynolds, Robert L. FMR Corp. – Chief Operating Officer

Smail, Peter J. Fidelity Employer Services Company –

President

BENEFICIAL OWNERS

Beneficial owners having the power to vote or dispose of, or direct the vote or disposition of, 10% or more of a class of voting equity securities of FMR Corp. are:

Johnson, Edward C., 3d

Johnson, Abigail P.

FMR Corp.

AMOUNT OF PURCHASES

The amount "purchased" under the 2004 Nonqualified Deferred Compensation Plan (the "2004 Plan") cannot be determined at this time.

Under the 2004 Plan, each participant determines the percentage of eligible compensation to be deferred for the plan year (December 1, 2004 to November 30, 2005). Each participant's eligible compensation includes, among other components, bonuses, incentive compensation and commissions (such bonuses, incentive compensation and commissions are in no way related to the offering of participations in the 2004 Plan). The total amount of eligible compensation that may be earned by participants in the 2004 Plan will not be able to be determined until the compensation has been earned, which will occur during or, as to certain types of compensation, after expiration of the plan year. Therefore, the amount of compensation to be deferred under the 2004 Plan cannot be determined until some time subsequent to the end of the plan year.

This Amendment relates to the offer of further participations in the 2004 Plan during an offering period commencing on February 22, 2005 and concluding on March 10, 2005.