

STATE STREET CORP  
Form 3/A  
February 24, 2005

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
Expires: January 31, 2005  
Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Â HOOLEY JOSEPH L  
(Last) (First) (Middle)

STATE STREET CORPORATION,Â ONE LINCOLN STREET  
(Street)

BOSTON,Â MAÂ 02111  
(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)  
01/19/2005

3. Issuer Name and Ticker or Trading Symbol  
STATE STREET CORP [STT]

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

\_\_\_ Director \_\_\_ 10% Owner  
\_X\_ Officer \_\_\_ Other  
(give title below) (specify below)  
Executive Vice President

5. If Amendment, Date Original Filed(Month/Day/Year)

01/27/2005

6. Individual or Joint/Group Filing(Check Applicable Line)  
\_X\_ Form filed by One Reporting Person  
\_\_\_ Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
------------------------------------	--	---	--

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**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.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

Edgar Filing: STATE STREET CORP - Form 3/A

				Shares		or Indirect (1) (Instr. 5)	
Cash - Only Right	Â (1)	Â (1)	Common Stock	3,328.1331	\$ (3)	I	see footnote (1)
Cash - Only Right	Â (2)	Â (2)	Common Stock	9,700	\$ (3)	I	see footnote (2)

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
HOOLEY JOSEPH L STATE STREET CORPORATION ONE LINCOLN STREET BOSTON, MA 02111	Â	Â	Â Executive Vice President	Â

## Signatures

/s/ Joseph L.  
Hooley

02/24/2005

\*\*Signature of  
Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
  - Represents the right to receive cash in an amount equal to the value of the underlying securities upon retirement. Held under the Boston (1) Financial Data Services, Inc. Officers Deferred Compensation Plan as of December 31, 2004. These shares were omitted from the reporting person's original Form 3.
  - Represents the right to receive cash in an amount equal to the value of the underlying securities upon retirement. Held under State Street (2) Corporation's 401(k) Restoration and Voluntary Deferral Plan as of January 19, 2005. These shares were previously reported on Table 1 of the reporting person's original Form 3.
  - (3) 1-for-1

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.