## 2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0600006142

Entity Name: THE BRATTLE GROUP, INC.

### Current Principal Place of Business:

44 BRATTLE STREET CAMBRIDGE, MA 02138

### **Current Mailing Address:**

44 BRATTLE STREET CAMBRIDGE, MA 02138

## FEI Number: 04-3254813

### Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

#### Certificate of Status Desired: No

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

#### Officer/Director Detail :

Title	PRESIDENT, CEO	Title	TREASURER
Name	MANIATIS, M. ALEXIS	Name	MUDGE, ROBERT S
Address	1850 M STREET NW SUITE 1200	Address	1850 M STREET NW SUITE 1200
City-State-Zip:	WASHINGTON DC 20036	City-State-Zip:	WASHINGTON DC 20036
Title	VP, HUMAN RESOURCES	Title	SECRETARY
Name	MAREN, SUSAN	Name	LEVINE, BARBARA
Address	44 BRATTLE STREET	Address	44 BRATTLE STREET
City-State-Zip:	CAMBRIDGE MA 02138	City-State-Zip:	CAMBRIDGE MA 02138
Title		Title	DIRECTOR
Title	DIRECTOR	The	DIRECTOR
Name	DIRECTOR CRAGG, MICHAEL	Name	SARRO, MARK
Name	CRAGG, MICHAEL 44 BRATTLE STREET	Name	SARRO, MARK 44 BRATTLE STREET
Name Address	CRAGG, MICHAEL 44 BRATTLE STREET	Name Address	SARRO, MARK 44 BRATTLE STREET
Name Address City-State-Zip:	CRAGG, MICHAEL 44 BRATTLE STREET CAMBRIDGE MA 02138	Name Address City-State-Zip:	SARRO, MARK 44 BRATTLE STREET CAMBRIDGE MA 02138
Name Address City-State-Zip: Title	CRAGG, MICHAEL 44 BRATTLE STREET CAMBRIDGE MA 02138 DIRECTOR	Name Address City-State-Zip: Title	SARRO, MARK 44 BRATTLE STREET CAMBRIDGE MA 02138 DIRECTOR
Name Address City-State-Zip: Title Name	CRAGG, MICHAEL 44 BRATTLE STREET CAMBRIDGE MA 02138 DIRECTOR CHANG, JUDY 44 BRATTLE STREET	Name Address City-State-Zip: Title Name	SARRO, MARK 44 BRATTLE STREET CAMBRIDGE MA 02138 DIRECTOR CARPENTER, PAUL 44 BRATTLE STREET

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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 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA LEVINE

SECRETARY

03/30/2016

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Mar 30, 2016 Secretary of State CC5951420807

Date

ARA LEVINE

# **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	GOLDBERG, RICHARD	Name	LAPUERTA, CARLOS
Address	201 MISSION STREET SUITE 2800	Address	8TH FLOOR ALDERMARY HOUSE 10-15 QUEEN STREET
City-State-Zip:	SAN FRANCISCO CA 94105	City-State-Zip:	LONDON EC4N 1TX
Title	DIRECTOR		

Name NEWELL, SAMUEL

Address 44 BRATTLE STREET

City-State-Zip: CAMBRIDGE MA 02138