2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0600006142

Entity Name: THE BRATTLE GROUP, INC.

Current Principal Place of Business:

ONE BEACON STREET, SUITE 2600 BOSTON, MA 02108

Current Mailing Address:

ONE BEACON STREET, SUITE 2600 BOSTON, MA 02108 US

FEI Number: 04-3254813

Name and Address of Current Registered Agent:

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

Date

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	TAYLOR, GARY
Address	1800 M STREET NW	Address	ONE BEACON STREET, SUITE 2600
City-State-Zip:	SUITE 700 WASHINGTON DC 20036	City-State-Zip:	BOSTON MA 02108
City-State-Zip.		Title	SECRETARY
Title	VP, HUMAN RESOURCES		
Name	MAREN, SUSAN	Name Address	LEVINE, BARBARA
Address	ONE BEACON STREET, SUITE 2600		ONE BEACON STREET, SUITE 2600
		City-State-Zip:	BOSTON MA 02108
City-State-Zip:	BOSTON MA 02108		
Title	DIRECTOR	Title	DIRECTOR
		Name	SARRO, MARK
Name	CRAGG, MICHAEL	Address	ONE BEACON STREET, SUITE 2600
Address	ONE BEACON STREET, SUITE 2600	City-State-Zip:	BOSTON MA 02108
City-State-Zip:	BOSTON MA 02108	, ,	
		Title	DIRECTOR
Title	DIRECTOR	Name	CARPENTER, PAUL
Name	CHANG, JUDY	Address	ONE BEACON STREET, SUITE 2600
Address	ONE BEACON STREET, SUITE 2600	City-State-Zip:	BOSTON MA 02108
City-State-Zip:	BOSTON MA 02108		

Continues on page 2

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

GENERAL COUNSEL 04/2

04/25/2018

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	AUSTIN SMITH, YVETTE	Name	LAPUERTA, CARLOS
Address	120 W 45TH STREET, SUITE 2702	Address	8TH FLOOR ALDERMARY HOUSE 10-15 QUEEN STREET LONDON EC4N 1TX
City-State-Zip:	NEW YORK NY 10036	City-State-Zip:	
Title	DIRECTOR		
Name	NEWELL SAMUEL		

 Name
 NEWELL, SAMUEL

 Address
 ONE BEACON STREET, SUITE 2600

City-State-Zip: BOSTON MA 02108