

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006142

FILED
Jun 23, 2020
Secretary of State
7331317617CC

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

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

Officer/Director Detail :

Title PRESIDENT, CEO
Name MANIATIS, M. ALEXIS
Address 1800 M STREET NW
 SUITE 700
City-State-Zip: WASHINGTON DC 20036

Title TREASURER
Name DIVECCHIA, BETH
Address ONE BEACON STREET, SUITE 2600
City-State-Zip: BOSTON MA 02108

Title VP, HUMAN RESOURCES
Name MAREN, SUSAN
Address ONE BEACON STREET, SUITE 2600
City-State-Zip: BOSTON MA 02108

Title SECRETARY
Name LEVINE, BARBARA
Address ONE BEACON STREET, SUITE 2600
City-State-Zip: BOSTON MA 02108

Title DIRECTOR
Name CRAGG, MICHAEL
Address ONE BEACON STREET, SUITE 2600
City-State-Zip: BOSTON MA 02108

Title DIRECTOR
Name SARRO, MARK
Address ONE BEACON STREET, SUITE 2600
City-State-Zip: BOSTON MA 02108

Title DIRECTOR
Name HESMONDHALGH, SERENA
Address 8TH FLOOR, ALDERMARY HOUSE
 10-15 QUEEN STREET
City-State-Zip: LONDON OC

Title DIRECTOR
Name CARPENTER, PAUL
Address 201 MISSION STREET, SUITE 2800
City-State-Zip: SAN FRANCISCO CA 94105

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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

GENERAL COUNSEL

06/23/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name AUSTIN SMITH, YVETTE
Address 120 W 45TH STREET, SUITE 2702
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR
Name CHODOROW, DARRELL
Address 1800 M STREET, NW
SUITE 700 NORTH
City-State-Zip: WASHINGTON, D.C. 20036

Title DIRECTOR
Name HARINGTON, ANDREW
Address BAY ADELAIDE CENTRE, EAST TOWER
22 ADELAIDE STREET WEST, SUITE 2420
City-State-Zip: TORONTO ON