

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000006142

**FILED**  
**Apr 27, 2021**  
**Secretary of State**  
**5691016355CC**

**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 DIRECTOR, PRESIDENT  
Name SUNDING, DAVID  
Address 201 MISSION STREET  
SUITE 2800  
City-State-Zip: SAN FRANCISCO CA 94105

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 ENGLAND EC4N 1TX

Title DIRECTOR  
Name SPEES, KATHLEEN  
Address 1800 M STREET NW  
SUITE 700 NORTH  
City-State-Zip: WASHINGTON DC 20036

**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**

**04/27/2021**

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 HARINGTON, ANDREW  
Address SCOTIA PLAZA  
40 KING STREET WEST SUITE 3301  
City-State-Zip: TORONTO ONTARIO M5H3Y2

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

Title DIRECTOR, COO  
Name STEINBERG, KEVIN  
Address ONE BEACON STREET  
SUITE 2600  
City-State-Zip: BOSTON MA 02108