

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006142

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 415 MISSION STREET
SUITE 5010
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 OF TALENT, HUMAN RESOURCES
Name WEBER, SHAUNA
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 MANIATIS, ALEXIS
Address 1800 M STREET NW
SUITE 700 NORTH
City-State-Zip: WASHINGTON DC 20036

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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

04/28/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name AUSTIN SMITH, YVETTE
Address 7 TIMES SQUARE
SUITE 1700
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR
Name LO PASSO, FRANCESCO
Address TERZO PIANO PIAZZA DEL GESÙ 46
City-State-Zip: ROME ITALY 00186

Title DIRECTOR
Name SMITH, LOREN
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