

**2023 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 HUTCHINGS, DAVID  
Address SCOTIA PLAZA, 40 KING STREET WEST SUITE 330  
City-State-Zip: TORONTO ON M5H 3Y2

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

Title TREASURER  
Name DIVECCHIA, BETH  
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 SMITH, LOREN  
Address 1800 M STREET NW SUITE 700 NORTH  
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR  
Name DUPLANTIS, RENÉE  
Address SCOTIA PLAZA, 40 KING STREET WEST SUITE 330  
City-State-Zip: TORONTO ON M5H 3Y2

**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**

**04/13/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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