

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006142

FILED
Mar 15, 2007
Secretary of State

Entity Name: THE BRATTLE GROUP, INC.

Current Principal Place of Business:

44 BRATTLE STREET
CAMBRIDGE, MA 02138

New Principal Place of Business:

Current Mailing Address:

44 BRATTLE STREET
CAMBRIDGE, MA 02138

New Mailing Address:

FEI Number: 04-3254813 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: FOXPENNER, PETER
Address: 1133 20TH STREET NW, SUITE 800
City-St-Zip: WASHINGTON, DC 200363408

Title: VCHR () Delete
Name: KOLBE, LARRY
Address: 44 BRATTLE STREET
City-St-Zip: CAMBRIDGE, MA 02138

Title: VCHR () Delete
Name: CARPENTER, PAUL
Address: 44 BRATTLE STREET
City-St-Zip: CAMBRIDGE, MA 02138

Title: P () Delete
Name: MANIATIS, M. ALEXIS
Address: 1133 20TH STREET NW, SUITE 800
City-St-Zip: WASHINGTON, DC 200363408

Title: V () Delete
Name: MAREN, SUE
Address: 44 BRATTLE STREET
City-St-Zip: CAMBRIDGE, MA 02138

Title: S () Delete
Name: LEVINE, BARBARA J
Address: 44 BRATTLE STREET
City-St-Zip: CAMBRIDGE, MA 02138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BARBARA LEVINE

S

03/15/2007

Electronic Signature of Signing Officer or Director

_____ Date