## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000006142

Entity Name: THE BRATTLE GROUP, INC.

FILED Jul 07, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
44 BRATTLE STREET CAMBRIDGE, MA 02138					
Current Mailing Address:			New Mailing Address:		
44 BRATTLE STREET CAMBRIDGE, MA 02138					
FEI Number:	04-3254813	FEI Number Applied For ( ) FEI Nu	ımber Not Appli	icable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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					
		(2)(b), F.S., the corporation did not receive Trust Fund Contribution ( ).	the prior notice	е.	
. 5			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	FOXPENNER, P	EET NW,SUITE 800	Title: Name: Address: City-St-Zip:	CHRM (X) Change ( ) Addition CARPENTER, PAUL 44 BRATTLE STREET CAMBRIDGE, MA 02138 US	
Title: Name: Address: City-St-Zip:	VCHR () KOLBE, LARRY 44 BRATTLE ST CAMBRIDGE, M		Title: Name: Address: City-St-Zip:	PRES (X) Change ( ) Addition MANIATIS, M. ALEXIS 1850 M STREET NW WASHINGTON, DC 20036 US	
Title: Name: Address: City-St-Zip:	VCHR () CARPENTER, P 44 BRATTLE ST CAMBRIDGE, M	REET	Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition MAREN, SUSAN 44 BRATTLE STREET CAMBRIDGE, MA 02138	
Title: Name: Address: City-St-Zip:	MANIATIS, M. A	EET NW, SUITE 800	Title: Name: Address: City-St-Zip:	CFO (X) Change ( ) Addition PLOWDEN, DANIEL 44 BRATTLE STREET CAMBRIDGE, MA 02138	
Title: Name: Address: City-St-Zip:	V () MAREN, SUE 44 BRATTLE ST CAMBRIDGE, M		Title: Name: Address: City-St-Zip:	SEC (X) Change ( ) Addition LEVINE, BARBARA 44 BRATTLE STREET CAMBRIDGE, MA 02138	
Title: Name: Address: City-St-Zip:	S (X) LEVINE, BARBA 44 BRATTLE ST CAMBRIDGE, M	REET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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 J LEVINE SEC 07/07/2008