

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000002052

Entity Name: CAMBRIDGE TRS, INC.

Current Principal Place of Business:

255 WASHINGTON STREET
TWO NEWTON PLACE SUITE 300
NEWTON, MA 02458

Current Mailing Address:

255 WASHINGTON STREET
TWO NEWTON PLACE SUITE 300
NEWTON, MA 02458 US

FEI Number: 45-4167445

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 PRESIDENT, CIO
Name HARGREAVES, TODD W
Address 255 WASHINGTON STREET
 TWO NEWTON PLACE SUITE 300
City-State-Zip: NEWTON MA 02458

Title ASST. SECRETARY
Name ANDERSON, JACQUELYN S
Address 255 WASHINGTON STREET
 TWO NEWTON PLACE SUITE 300
City-State-Zip: NEWTON MA 02458

Title TREASURER, CFO
Name DONLEY, BRIAN E.
Address 255 WASHINGTON STREET
 TWO NEWTON PLACE SUITE 300
City-State-Zip: NEWTON MA 02458

Title SECRETARY
Name CLARK, JENNIFER B.
Address 255 WASHINGTON STREET
 TWO NEWTON PLACE SUITE 300
City-State-Zip: NEWTON MA 02458

Title DIRECTOR, TRUSTEE
Name PORTNOY, ADAM D
Address 255 WASHINGTON STREET
 TWO NEWTON PLACE SUITE 300
City-State-Zip: NEWTON MA 02458

Title DIRECTOR, TRUSTEE
Name MURRAY, JOHN G
Address 255 WASHINGTON STREET
 TWO NEWTON PLACE SUITE 300
City-State-Zip: NEWTON MA 02458

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: BRIAN E. DONLEY

TREASURER, CFO

04/02/2024

Electronic Signature of Signing Officer/Director Detail

Date