DOCUMENT# F12000002052

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

Entity Name: CAMBRIDGE TRS, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 45-4167445

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US FILED Apr 22, 2013 Secretary of State CC0198309282

Certificate of Status Desired: No

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

Officer/Director Detail :

Title	D	Title	D	
Name	PORTNOY, BARRY M	Name	PORTNOY, ADAM D	
Address	TWO NEWTON PLACE, 255 WASHINGTON STREET STE 300	Address	TWO NEWTON PLACE, 255 WASHINGTON STREET STE 300	
City-State-Zip:	NEWTON MA 02458	City-State-Zip:	NEWTON MA 02458	
Title	P/S/D	Title	SVP	
Name	MURRAY, JOHN G	Name	BORNSTEIN, ETHAN S	
Address	TWO NEWTON PLACE, 255 WASHINGTON STREET STE 300	Address	TWO NEWTON PLACE, 255 WASHINGTON STREET STE 300	
City-State-Zip:	NEWTON MA 02458	City-State-Zip:	NEWTON MA 02458	
Title	TCFO	Title	AS	
Name	KLEIFGES, MARK L	Name	ANDERSON, JACQUELYN S	
Address	TWO NEWTON PLACE, 255 WASHINGTON STREET STE 300	Address	TWO NEWTON PLACE, 255 WASHINGTON STREET STE 300	
City-State-Zip:	NEWTON MA 02458	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: MARK L. KLEIFGES

TCFO

Date

Electronic Signature of Signing Officer/Director Detail