

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000002052

**Entity Name:** CAMBRIDGE TRS, INC.

**FILED**  
**Jan 19, 2018**  
**Secretary of State**  
**CC1878019447**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

TWO NEWTON PLACE, 255 WASHINGTON STREET  
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 DIRECTOR  
Name PORTNOY, BARRY M  
Address TWO NEWTON PLACE, 255  
WASHINGTON STREET  
SUITE 300  
City-State-Zip: NEWTON MA 02458

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

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

Title SVP  
Name BORNSTEIN, ETHAN S  
Address TWO NEWTON PLACE, 255  
WASHINGTON STREET  
SUITE 300  
City-State-Zip: NEWTON MA 02458

Title TREASURER, CFO  
Name KLEIFGES, MARK L  
Address TWO NEWTON PLACE, 255  
WASHINGTON STREET  
SUITE 300  
City-State-Zip: NEWTON MA 02458

Title ASST. SECRETARY  
Name ANDERSON, JACQUELYN S  
Address TWO NEWTON PLACE, 255  
WASHINGTON STREET  
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:** MARK L. KLEIFGES

**TREASURER**

**01/19/2018**

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

\_\_\_\_\_  
Date