

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 832683

**Entity Name:** CAMBRIDGE SEVEN ASSOCIATES, INC.**Current Principal Place of Business:**1050 MASSACHUSETTS AVE.  
CAMBRIDGE, MA 02138**Current Mailing Address:**1050 MASSACHUSETTS AVE.  
CAMBRIDGE, MA 02138 US**FEI Number:** 04-2310225**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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 D  
Name BAKER, RONALD  
Address 1050 MASSACHUSETTS AVE.  
City-State-Zip: CAMBRIDGE MA 02138

Title PRESIDENT  
Name JOHNSON, GARY  
Address 1050 MASSACHUSETTS AVE.  
City-State-Zip: CAMBRIDGE MA 02138

Title DIRECTOR  
Name KIM, YONGJOO  
Address 1050 MASSACHUSETTS AVE.  
City-State-Zip: CAMBRIDGE MA 02138

Title DIRECTOR  
Name GREENFIELD, STEFANIE  
Address 1050 MASSACHUSETTS AVE.  
City-State-Zip: CAMBRIDGE MA 02138

Title D  
Name IMRICH, STEVE  
Address 1050 MASSACHUSETTS AVE.  
City-State-Zip: CAMBRIDGE MA 02138

Title DIRECTOR  
Name MANSFIELD, TIMOTHY D  
Address 1050 MASSACHUSETTS AVE.  
City-State-Zip: CAMBRIDGE MA 02138

Title DIRECTOR  
Name MITCHELL, ADAM  
Address 1050 MASSACHUSETTS AVE.  
City-State-Zip: CAMBRIDGE MA 02138

Title DIRECTOR  
Name ROGERS, MARC  
Address 1050 MASSACHUSETTS AVE.  
City-State-Zip: CAMBRIDGE MA 02138

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*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:** GARY JOHNSON**PRESIDENT****02/10/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title               DIRECTOR  
Name               KUTTNER, PETER  
Address            1050 MASSACHUSETTS AVE.  
City-State-Zip:   CAMBRIDGE MA 02138

Title               TREASURER  
Name               INTRIERI, PATRICIA  
Address            1050 MASSACHUSETTS AVE.  
City-State-Zip:   CAMBRIDGE MA 02138

Title               SECRETARY  
Name               REED, THOMAS  
Address            225 FRIEND STREET  
City-State-Zip:   BOSTON MA 02114