

2019 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:** No**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 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 DIRECTOR
Name KUTTNER, PETER
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

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

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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****02/08/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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