

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000005045

**Entity Name:** THE CONGRESS GROUP, INC.**Current Principal Place of Business:**33 ARCH STREET  
SUITE 2100  
BOSTON, MA 02110**Current Mailing Address:**33 ARCH STREET  
SUITE 2100  
BOSTON, MA 02110 US**FEI Number:** 04-2777302**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH 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 DIRECTOR  
Name CLAGETT, GORDON  
Address 33 ARCH STREET  
SUITE 2100  
City-State-Zip: BOSTON MA 02110

Title DIRECTOR  
Name CHIOZZI, VINCENT A. JR.  
Address 33 ARCH STREET  
SUITE 2100  
City-State-Zip: BOSTON MA 02110

Title DIRECTOR  
Name PHILLIPS, PAULA S.  
Address 33 ARCH STREET  
SUITE 2100  
City-State-Zip: BOSTON MA 02110

Title DIRECTOR  
Name STRATOULY, DEAN F.  
Address 33 ARCH STREET  
SUITE 2100  
City-State-Zip: BOSTON MA 02110

Title TREASURER  
Name PHILLIPS, PAULA S.  
Address 33 ARCH STREET  
SUITE 2100  
City-State-Zip: BOSTON MA 02110

Title SECRETARY  
Name CHIOZZI, VINCENT A. JR.  
Address 33 ARCH STREET  
SUITE 2100  
City-State-Zip: BOSTON MA 02110

Title PRESIDENT  
Name STRATOULY, DEAN F.  
Address 33 ARCH STREET  
SUITE 2100  
City-State-Zip: BOSTON MA 02110

*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:** DEAN F. STRATOULY

PRESIDENT

04/12/2017

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