


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # F0400000219
 1. Entity Name
 HPT TRS SPES II, INC.



Principal Place of Business Mailing Address
 400 CENTRE STREET 400 CENTRE STREET
 NEWTON, MA 02458 NEWTON, MA 02458

DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 43-2012365 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	CLARK, JENNIFER B
STREET ADDRESS	400 CENTRE STREET
CITY-ST-ZIP	NEWTON, MA 02458
TITLE	VD
NAME	MURRAY, JOHN G
STREET ADDRESS	400 CENTRE STREET
CITY-ST-ZIP	NEWTON, MA 02458
TITLE	T
NAME	KLEIFGES, MARK L
STREET ADDRESS	400 CENTRE STREET
CITY-ST-ZIP	NEWTON, MA 02458
TITLE	D
NAME	MARTIN, GERARD M
STREET ADDRESS	400 CENTRE STREET
CITY-ST-ZIP	NEWTON, MA 02458
TITLE	D
NAME	PORTNOY, BARRY M
STREET ADDRESS	400 CENTRE STREET
CITY-ST-ZIP	NEWTON, MA 02458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000363229
 05/05/05-80151-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Kleifges 4/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #