

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000219

FILED  
Apr 25, 2011  
Secretary of State

Entity Name: HPT TRS SPES II, INC.

**Current Principal Place of Business:**

400 CENTRE STREET  
NEWTON, MA 02458

**New Principal Place of Business:**

TWO NEWTON PLACE 255 WASHINGTON STREET  
NEWTON, MA 02458

**Current Mailing Address:**

400 CENTRE STREET  
NEWTON, MA 02458

**New Mailing Address:**

TWO NEWTON PLACE 255 WASHINGTON STREET  
NEWTON, MA 02458

FEI Number: 43-2012365

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: CLARK, JENNIFER B  
Address: TWO NEWTON PLACE 255 WASHINGTON STREET  
City-St-Zip: NEWTON, MA 02458

Title: VPAS  
Name: MURRAY, JOHN G  
Address: TWO NEWTON PLACE 255 WASHINGTON STREET  
City-St-Zip: NEWTON, MA 02458

Title: CFOT  
Name: KLEIFGES, MARK L  
Address: TWO NEWTON PLACE 255 WASHINGTON STREET  
City-St-Zip: NEWTON, MA 02458

Title: D  
Name: PORTNOY, ADAM D  
Address: TWO NEWTON PLACE 255 WASHINGTON STREET  
City-St-Zip: NEWTON, MA 02458

Title: D  
Name: PORTNOY, BARRY M  
Address: TWO NEWTON PLACE 255 WASHINGTON STREET  
City-St-Zip: NEWTON, MA 02458

Title: SVP  
Name: ETHAN, BORNSTEIN S  
Address: TWO NEWTON PLACE 255 WASHINGTON STREET  
City-St-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 KLEIFGES

CFOT

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date