2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000645

Entity Name: MSR HOSPITALITY SERVICES, INC.

Current Principal Place of Business:

ONE POST OFFICE SQUARE

SUITE 3100

BOSTON, MA 02110

Current Mailing Address:

ONE POST OFFICE SQUARE

SUITE 3100

BOSTON, MA 02110 US

FEI Number: 60-0001873 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COOLEY, DANIEL 121 SOUTH ORANGE AVE STE 1500

ORLANDO, FL 32801 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

FILED Apr 15, 2014

Secretary of State

CC9789639412

Officer/Director Detail:

Title DIRECTOR, VP Title DIRECTOR, VP

Name BUZA, JOHN P. Name FRANCO, MICHAEL J.

Address ONE POST OFFICE SQUARE Address ONE POST OFFICE SQUARE

SUITE 3100 SUITE 3100

City-State-Zip: BOSTON MA 02110 City-State-Zip: BOSTON MA 02110

Title DIRECTOR, VP Title VP

Name QUINN, MICHAEL T. Name BIANCAMANO, LORI A.

Address ONE POST OFFICE SQUARE Address ONE POST OFFICE SQUARE

SUITE 3100 SUITE 3100

City-State-Zip: BOSTON MA 02110 City-State-Zip: BOSTON MA 02110

Title VP, ASST. SECRETARY Title ASST. SECRETARY
Name BURNS, BARBARA Name DAVIS, WANDA F.

Address ONE POST OFFICE SQUARE Address ONE POST OFFICE SQUARE

SUITE 3100 SUITE 3100

City-State-Zip: BOSTON MA 02110 City-State-Zip: BOSTON MA 02110

Title VP Title VP

Name DEVINE, CHRISTOPHER Name DINA, JAMES R.

Address ONE POST OFFICE SQUARE Address ONE POST OFFICE SQUARE

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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: CHRISTOPHER DEVINE VICE PRESIDENT 04/15/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title VP

Name FIELDS, WARREN Q

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SUITE 3100

City-State-Zip: BOSTON MA 02110

Title ASST. TREASURER
Name HARCOURT, TIM

Address ONE POST OFFICE SQUARE

SUITE 3100

City-State-Zip: BOSTON MA 02110

Title CEO

Name KLOPP, JOHN R.

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City-State-Zip: BOSTON MA 02110

Title PRESIDENT
Name MANTZ, JAY H.

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City-State-Zip: BOSTON MA 02110

Title ASST. SECRETARY
Name NEWMARK, DEBBIE J.

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City-State-Zip: BOSTON MA 02110

Title ASST. TREASURER
Name O'SHANNON, LISA

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City-State-Zip: BOSTON MA 02110

Title ASST. TREASURER
Name SERAO, CHRISTIAN

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City-State-Zip: BOSTON MA 02110

Title ASST. SECRETARY
Name FREEMAN, GAIL

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City-State-Zip: BOSTON MA 02110

Title VP

Name HUDSPETH, MARK A.

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City-State-Zip: BOSTON MA 02110

Title ASST. TREASURER
Name LUTSEP, MARJA I.

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City-State-Zip: BOSTON MA 02110

Title VP

Name MORRIS, J. TIMOTHY

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City-State-Zip: BOSTON MA 02110

Title ASST. SECRETARY, VP
Name O'DELL, CHRISTOPHER

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City-State-Zip: BOSTON MA 02110

Title TREASURER
Name SEABODE, SALLY

Address ONE POST OFFICE SQUARE

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