

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004224

Entity Name: CHARLES RIVER ASSOCIATES INCORPORATED**Current Principal Place of Business:**200 CLARENDON STREET, T-31
BOSTON, MA 02116**Current Mailing Address:**200 CLARENDON STREET, T-31
BOSTON, MA 02116 US**FEI Number:** 04-2372210**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 PD
Name MALEH, PAUL A
Address 200 CLARENDON STREET, T-31
City-State-Zip: BOSTON MA 02116

Title D
Name MORIARTY, ROWLAND T
Address 200 CLARENDON STREET, T-31
City-State-Zip: BOSTON MA 02116

Title D
Name SCHLEYER, WILLIAM T
Address 200 CLARENDON STREET T-31
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name MAHEU, RONALD T
Address 200 CLARENDON STREET, T-31
City-State-Zip: BOSTON MA 02116

Title T
Name HOLMES, CHAD M
Address ONE SOUTH WACKER DRIVE
34TH FLOOR
City-State-Zip: CHICAGO IL 60606

Title S
Name ROSENBLUM, PETER M
Address 200 CLARENDON STREET, T-31
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name CONCANNON, WILLIAM F.
Address 200 CLARENDON STREET, T-31
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name HAWTHORNE, NANCY
Address 200 CLARENDON STREET, T-31
City-State-Zip: BOSTON MA 02116

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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: CHAD HOLMES**CFO AND TREASURER****03/26/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HOLTHAUSEN, ROBERT
Address 200 CLARENDON STREET, T-31
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name ROBERTSON, THOMAS S
Address 200 CLARENDON STREET, T-31
City-State-Zip: BOSTON MA 02116