

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000219

Entity Name: HPT TRS SPES II, INC.

Current Principal Place of Business:

TWO NEWTON PLACE
255 WASHINGTON STREET, SUITE 300
NEWTON, MA 02458

Current Mailing Address:

TWO NEWTON PLACE
255 WASHINGTON STREET, SUITE 300
NEWTON, MA 02458 US

FEI Number: 43-2012365

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 ASST. SECRETARY
Name ANDERSON, JACQUELYN S
Address TWO NEWTON PLACE
255 WASHINGTON STREET, SUITE
300
City-State-Zip: NEWTON MA 02458

Title PRESIDENT, SECRETARY,
DIRECTOR, COO
Name MURRAY, JOHN G
Address TWO NEWTON PLACE
255 WASHINGTON STREET, SUITE
300
City-State-Zip: NEWTON MA 02458

Title CFO, TREASURER
Name KLEIFGES, MARK L
Address TWO NEWTON PLACE
255 WASHINGTON STREET, SUITE
300
City-State-Zip: NEWTON MA 02458

Title DIRECTOR
Name PORTNOY, ADAM D
Address TWO NEWTON PLACE
255 WASHINGTON STREET, SUITE
300
City-State-Zip: NEWTON MA 02458

Title DIRECTOR
Name PORTNOY, BARRY M
Address TWO NEWTON PLACE
255 WASHINGTON STREET, SUITE
300
City-State-Zip: NEWTON MA 02458

Title SVP
Name BORNSTEIN, ETHAN S
Address TWO NEWTON PLACE
255 WASHINGTON STREET, SUITE
300
City-State-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 L. KLEIFGES

TREASURER

04/25/2017

Electronic Signature of Signing Officer/Director Detail

Date