

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000006142

**Entity Name:** THE BRATTLE GROUP, INC.

**Current Principal Place of Business:**

ONE BEACON STREET, SUITE 2600  
BOSTON, MA 02108

**Current Mailing Address:**

ONE BEACON STREET, SUITE 2600  
BOSTON, MA 02108 US

**FEI Number:** 04-3254813

**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            PRESIDENT, CEO  
Name            MANIATIS, M. ALEXIS  
Address        1800 M STREET NW  
                  SUITE 700  
City-State-Zip: WASHINGTON DC 20036

Title            TREASURER  
Name            DIVECCHIA, BETH  
Address        ONE BEACON STREET, SUITE 2600  
City-State-Zip: BOSTON MA 02108

Title            VP, HUMAN RESOURCES  
Name            MAREN, SUSAN  
Address        ONE BEACON STREET, SUITE 2600  
City-State-Zip: BOSTON MA 02108

Title            SECRETARY  
Name            LEVINE, BARBARA  
Address        ONE BEACON STREET, SUITE 2600  
City-State-Zip: BOSTON MA 02108

Title            DIRECTOR  
Name            CRAGG, MICHAEL  
Address        ONE BEACON STREET, SUITE 2600  
City-State-Zip: BOSTON MA 02108

Title            DIRECTOR  
Name            SARRO, MARK  
Address        ONE BEACON STREET, SUITE 2600  
City-State-Zip: BOSTON MA 02108

Title            DIRECTOR  
Name            HESMONDHALGH, SERENA  
Address        8TH FLOOR, ALDERMARY HOUSE  
                  10-15 QUEEN STREET  
City-State-Zip: LONDON OC

Title            DIRECTOR  
Name            CARPENTER, PAUL  
Address        201 MISSION STREET, SUITE 2800  
City-State-Zip: SAN FRANCISCO CA 94105

**Continues on page 2**

*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:** BARBARA LEVINE

**GENERAL COUNSEL**

**06/23/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name AUSTIN SMITH, YVETTE  
Address 120 W 45TH STREET, SUITE 2702  
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR  
Name CHODOROW, DARRELL  
Address 1800 M STREET, NW  
SUITE 700 NORTH  
City-State-Zip: WASHINGTON, D.C. 20036

Title DIRECTOR  
Name HARINGTON, ANDREW  
Address BAY ADELAIDE CENTRE, EAST TOWER  
22 ADELAIDE STREET WEST, SUITE 2420  
City-State-Zip: TORONTO OC