

2024 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
Name VOETMANN, TORBEN
Address 555 MISSION STREET
 SUITE 1500
City-State-Zip: SAN FRANCISCO CA 94105

Title TREASURER
Name DIVECCHIA, BETH
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 HESMONDHALGH, SERENA
Address 8TH FLOOR, ALDERMARY HOUSE
 10-15 QUEEN STREET
City-State-Zip: LONDON ENGLAND EC4N 1TX

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

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

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

Title DIRECTOR
Name LEDGERWOOD, SHAUN
Address 1800 M STREET, NW
 SUITE 700 NORTH
City-State-Zip: WASHINGTON, DC DC 20036

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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: BARBARA LEVINE

GENERAL COUNSEL

04/03/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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