

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000002931

**Entity Name:** FVE MANAGERS, INC.**Current Principal Place of Business:**400 CENTRE STREET  
NEWTON, MA 02458**Current Mailing Address:**400 CENTRE STREET  
NEWTON, MA 02458 US**FEI Number:** 45-1680980**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS ST  
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 CEO, PRESIDENT  
Name MACKEY JR., BRUCE J.  
Address 400 CENTRE STREET  
City-State-Zip: NEWTON MA 02458

Title CFO, TREASURER  
Name DOYLE, RICHARD A  
Address 400 CENTRE STREET  
City-State-Zip: NEWTON MA 02458

Title DIRECTOR  
Name PORTNOY, BARRY M  
Address 400 CENTRE STREET  
City-State-Zip: NEWTON MA 02458

Title DIRECTOR  
Name MARTIN, GERARD M  
Address 400 CENTRE STREET  
City-State-Zip: NEWTON MA 02458

Title SECRETARY  
Name CLARK, JENNIFER B  
Address 400 CENTRE STREET  
City-State-Zip: NEWTON MA 02458

Title SENIOR VICE PRESIDENT AND CHIEF  
OPERATING OFFICER  
Name HERZIG, R. SCOTT  
Address 400 CENTRE STREET  
City-State-Zip: NEWTON MA 02458

Title VP, GENERAL COUNSEL AND  
ASSISTANT SECRETARY  
Name POTTER, KATHERINE E.  
Address 400 CENTRE STREET  
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:** RICHARD A DOYLE

TREASURER

04/26/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date