

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000000281

**Entity Name:** HPT TRS IHG-2, 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

**FEI Number:** 20-2131948

**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            PRESIDENT, CEO, DIRECTOR  
Name            MURRAY, JOHN G.  
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

Title            TREASURER, CFO  
Name            DONLEY, BRIAN E.  
Address        TWO NEWTON PLACE  
                  255 WASHINGTON STREET, SUITE  
                  300  
City-State-Zip: NEWTON MA 02458

Title            ASST. SECRETARY  
Name            ANDERSON, JACQUELYN S  
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            SECRETARY  
Name            CLARK, JENNIFER B.  
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:** BRIAN E. DONLEY

**CFO, TREASURER**

**01/24/2020**

Electronic Signature of Signing Officer/Director Detail

Date