## 2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000004711

Entity Name: HPT CY TRS, INC.

FILED
Jan 19, 2018
Secretary of State
CC9999497135

**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: 46-1213113 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:

Address

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PRESIDENT, SECRETARY, Title SVP

DIRECTOR, COO Name BORNSTEIN, ETHAN S

Name MURRAY, JOHN G
Address TWO NEWTON PLACE

TWO NEWTON PLACE 255 WASHINGTON STREET, SUITE

Title

**DIRECTOR** 

255 WASHINGTON STREET, SUITE

OU City-State-Zip: NEWTON MA 02458

City-State-Zip: NEWTON MA 02458

Title TREASURER, CFO

Name PORTNOY, BARRY M

Name KLEIFGES, MARK L
Address TWO NEWTON PLACE

Address TWO NEWTON PLACE 255 WASHINGTON STREET, SUITE

255 WASHINGTON STREET, SUITE 300

.......

City-State-Zip: NEWTON MA 02458

Title DIRECTOR Title ASST. SECRETARY

Name PORTNOY, ADAM D Name ANDERSON, JACQUELYN S

Address TWO NEWTON PLACE TWO NEWTON PLACE 255 WASHINGTON STREET, SUITE

255 WASHINGTON STREET, SUITE 300

J.

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 01/19/2018