2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000004711

Entity Name: HPT CY TRS, 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 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:

Electronic Signature of Registered Agent Date

Officer/Director Detail:

PRESIDENT, CEO, DIRECTOR Title Title SVP

MURRAY, JOHN G BORNSTEIN, ETHAN S Name Name

Address TWO NEWTON PLACE Address TWO NEWTON PLACE

255 WASHINGTON STREET, SUITE 255 WASHINGTON STREET, SUITE

City-State-Zip: NEWTON MA 02458 City-State-Zip: NEWTON MA 02458

Title TREASURER, CFO Title **DIRECTOR**

Name DONLEY, BRIAN Name PORTNOY, ADAM D

Address TWO NEWTON PLACE Address TWO NEWTON PLACE

255 WASHINGTON STREET, SUITE 255 WASHINGTON STREET, SUITE 300 300

NEWTON MA 02458 City-State-Zip: City-State-Zip: NEWTON MA 02458

Title ASST. SECRETARY Title **SECRETARY**

ANDERSON, JACQUELYN S CLARK, JENNIFER B. Name Name

Address TWO NEWTON PLACE Address TWO NEWTON PLACE

255 WASHINGTON STREET, SUITE 255 WASHINGTON STREET, SUITE 300 300

NEWTON MA 02458 City-State-Zip: NEWTON MA 02458 City-State-Zip:

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.

04/20/2019 CFO/TREASURER SIGNATURE: BRIAN DONLEY

FILED Apr 20, 2019

Secretary of State

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