2017 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

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

25 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

Officer/Director Detail :

Title	PRESIDENT, SECRETARY, DIRECTOR, COO	Title	SVP
Name	MURRAY, JOHN G	Name	BORNSTEIN, ETHAN S
Address	TWO NEWTON PLACE 255 WASHINGTON STREET, SUITE 300	Address	TWO NEWTON PLACE 255 WASHINGTON STREET, SUITE 300
City-State-Zip		City-State-Zip:	NEWTON MA 02458
— 14		Title	DIRECTOR
Title	TREASURER, CFO KLEIFGES, MARK L	Name	PORTNOY, BARRY M
Name		Address	TWO NEWTON PLACE
Address	TWO NEWTON PLACE 255 WASHINGTON STREET, SUITE		255 WASHINGTON STREET, SUITE 300
	300	City-State-Zip:	NEWTON MA 02458
City-State-Zip	NEWTON MA 02458		
Title	DIRECTOR	Title	ASST. SECRETARY
	PORTNOY, ADAM D TWO NEWTON PLACE 255 WASHINGTON STREET, SUITE 300	Name	ANDERSON, JACQUELYN S
Name		Address	TWO NEWTON PLACE
Address			255 WASHINGTON STREET, SUITE 300
City_State_Zin	NEWTON MA 02458	City-State-Zip:	NEWTON MA 02458
ony-orale-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.

SIGNATURE: MARK L. KLEIFGES

TREASURER

04/25/2017

Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date