FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 15, 2002 8:00 am DOCUMENT # 825122 Secrétary of State 1. Entity Name MISTER DONUT OF AMERICA, INC. 07-15-2002 90186 008 ***150 00 Principal Place of Business Mailing Address 14 PACELLA PARK DR. 14 PACELLA PARK DR. P.O. BOX 317 P.O. BOX 317 RANDOLPH MA 02368 RANDOLPH MA 02368 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 04-2192255 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE DITECTOR ☐ Delete TITLE ☐ Addition NAME RUSSO, STEPHEN NAME STREET ADDRESS **5 TIMBERLAND DR** STREET ADDRESS CITY-ST-ZIP LINCOLN RI CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME SAWYER, JR. ROBERT K. NAME STREET ADDRESS **58 INDIAN HILL ROAD** STREET ADDRESS MEDFIELD MA CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change Addition NAME HANTMAN, LAWRENCE W. NAME STREET ADDRESS 24 GREEN HILL RD. STREET ADDRESS CITY-ST-ZIP **BROOKLINE MA** CITY-ST-ZIP AS Delete TITLE NAME LAUDERMILK, JACK STREET ADDRESS 39 PENNY LANE STREET ADDRESS CITY-ST-ZIP DUXBURY MA CITY-ST-ZIP TITLE ☐ Delete TITI F

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

NAME

TITLE

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WILSON, JENNIE

NORWELL MA

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

7/9/02 (781)96/-402(

☐ Change

Addition

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