

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90351 020 \*\*\*150.00

**DOCUMENT # 825662**

1. Entity Name  
**THIRD DUNKIN' DONUTS REALTY, INC.**



Principal Place of Business

**PACELLA PARK DRIVE  
RANDOLPH, MA 02368**

Mailing Address

**PACELLA PARK DRIVE  
RANDOLPH, MA 02368**

**50040781**



2. Principal Place of Business

**130 Royall Street**

Suite, Apt. #, etc.

3. Mailing Address

**130 Royall Street**

Suite, Apt. #, etc.

**Legal Dept. 3 East A**

04012005

Chg-P

CR2E034 (10/03)

City & State

**Canton, MA**

City & State

**Canton, MA**

4. FEI Number

**04-2480843**

Applied For

Not Applicable

Zip  
**02021**

Country  
**USA**

Zip  
**02021**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CFOT  
WILSON, JENNIE  
382 MT BLUE STREET  
NORWELL, MA 02061** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
LEECH, PAUL  
100 POND ST  
COHASSET, MA 02025** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPSD  
HORN, STEPHEN  
8113 RAYBURN RD.  
BETHESDA, MD 20817** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KUSSELL, WILL  
22 LOUART DRIVE  
NEEDHAM, MA 02194** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PCEO  
LUTHER, JON  
99 NEEDHAM ST., APT. 1404  
NEWTON HIGHLANDS, MA 02461** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCFO  
Kate Lavelle  
130 Royall Street  
Canton, MA 02021** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**130 Royall Street  
Canton, MA 02021** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**130 Royall Street  
Canton, MA 02021** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**130 Royall Street  
Canton, MA 02021** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**130 Royall Street  
Canton, MA 02021** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **Marc Cote**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/4/2005 781-737-3218**  
Date Daytime Phone #