

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 829376 (3)

1. Corporation Name

DOMINO'S PIZZA, INC.



Principal Place of Business

Mailing Address

30 FRANK LLOYD WRIGHT DR.  
P.O. BOX 997  
ANN ARBOR MI 48106  
US

30 FRANK LLOYD WRIGHT DR.  
P.O. BOX 997  
ANN ARBOR MI 48106  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/19/1973

3a. Date of Last Report

01/30/1995

4. FEI Number

38-1741243

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the duties of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the individual who signed the statement of incorporation or amendment to the articles of incorporation or the statement of change of registered office or registered agent.

Signature of the Registered Agent, if different from the individual who signed the statement of incorporation or amendment to the articles of incorporation or the statement of change of registered office or registered agent.

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	DP	<input type="checkbox"/> DELETE
2. NAME	MONAGHAN, THOS S	
3. STREET ADDRESS	30 FRANK LLOYD WRIGHT DR	
4. CITY - ST - ZIP	ANN ARBOR MI	
5. TITLE	T	<input type="checkbox"/> DELETE
6. NAME	RONEY, PAUL	
7. STREET ADDRESS	30 FRANK LLOYD WRIGHT DR	
8. CITY - ST - ZIP	ANN ARBOR MI	
9. TITLE	S	<input type="checkbox"/> DELETE
10. NAME	KANITZ, ELIZABETH D.	
11. STREET ADDRESS	30 FRANK LLOYD WRIGHT DR	
12. CITY - ST - ZIP	ANN ARBOR MI	
13. TITLE	VT	<input type="checkbox"/> DELETE
14. NAME	SILVERMAN, HARRY	
15. STREET ADDRESS	30 FRANK LLOYD WRIGHT DR	
16. CITY - ST - ZIP	ANN ARBOR MI	
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul R. Roney Treasurer 1/29/99

313-930-3030  
Daytime Phone #

CR2E034 (12/95)