

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 829376

1. Corporation Name
DOMINO'S PIZZA, INC.

Principal Place of Business
30 FRANK LLOYD WRIGHT DR.
P.O. BOX 997
ANN ARBOR MI 48106
US

Mailing Address
30 FRANK LLOYD WRIGHT DR
PO BOX 22886
ANN ARBOR MI 48106
US

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90060 020 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/19/1973

4. FEI Number
38-1741243

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State
Ann Arbor, MI

23 Zip Country

28 Zip Country
48106 USA

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME
DP
MONAGHAN, THOS S
STREET ADDRESS
30 FRANK LLOYD WRIGHT DR
CITY-ST-ZIP
ANN ARBOR MI

TITLE ☐ DELETE

NAME
T
RONEY, PAUL
STREET ADDRESS
30 FRANK LLOYD WRIGHT DR
CITY-ST-ZIP
ANN ARBOR MI

TITLE ☐ DELETE

NAME
S
PEAR, EDWIN
STREET ADDRESS
30 FRANK LLOYD WRIGHT DR
CITY-ST-ZIP
ANN ARBOR MI 48106

TITLE ☐ DELETE

NAME
VT
SILVERMAN, HARRY
STREET ADDRESS
30 FRANK LLOYD WRIGHT DR
CITY-ST-ZIP
ANN ARBOR MI

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
DP
Harry Silverman
1.3 STREET ADDRESS
PO Box 997
1.4 CITY-ST-ZIP
Ann Arbor, MI 48106

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
T
Steven Benrubi
2.3 STREET ADDRESS
PO Box 997
2.4 CITY-ST-ZIP
Ann Arbor, MI 48106

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99 (734) 930-3030
Date Daytime Phone #

CR2E034 (1/98)