## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 25, 2000 8:00 am Secretary of State DOCUMENT # **F96000006045** DUNKIN' DONUTS REALTY INVESTMENT, INC. 01-25-2000 90120 015 \*\*\*150.00 Principal Place of Business Mailing Address 14 PACELLA DR. 14 PACELLA DR. RANDOLPH MA 02368 RANDOLPH MA 02368 LHHIMAOU 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 04-3336511 Not Applied Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CFO Change ☐ Additior **₹** Delete TITLE TITLE Paul Leech ROSENBERG, ROBERT M NAME STREET ADDRESS 100 Pond Street STREET ADDRESS 4 CHADWICK RD. Cohasset, MA 02025 CITY-ST-ZIP CITY-ST-ZIP WESTON MA 02193 ☐ Change Delete TITLE Addition TITLE NAME NAME HANTMAN, LAWRENCE W STREET ADDRESS STREET ADDRESS 24 GREEN HILL RD. CITY-ST-ZIE CITY-ST-7IP **BROOKLINE MA 02146** Change Addition TITLE Delete TITLE . NAME SHAFER, JOHN D'JR. NAME STREET ADDRESS STREET ADDRESS 29 REYNOLDS WAY CITY-ST-ZIP CITY-ST-ZIP **DUXBURY MA 02332** ☐ Change ☐ Addition TITLE VTD ∠ Delete TITLE NAME LEECH, PAUL NAME STREET ADDRESS STREET ADDRESS ONE FRANKLIN RODGER RD. CITY-ST-7/P CITY-ST-ZIP HINGHAM MA 02043 Delete TITLE X) Change Addition Addition TITLE VP Finance & Treasurer WILSON, JENNIE NAME 382 MT. BLUE ST. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NORWELL MA 02061 ☐ Delete Change Addition TITLE NAME SAWYER, ROBERT K JR. STREET ADDRESS STREET ADDRESS 431-4 MAIN ST. CITY-ST-ZIP CITY-ST-ZIP MEDFIELD MA 02052

13. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

riell URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1-11-2000