## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Jul 15, 2002 8:00 am Secretary of State **DOCUMENT #** F96000006045 1. Entity Name 07-15-2002 90187 025 \*\*\*150.00 DUNKIN' DONUTS REALTY INVESTMENT, INC. Principal Place of Business Mailing Address 14 PACELLA DR. 14 PACELLA DR. 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 04-3336511 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **CVPD** Delete TITLE ☐ Addition NAME LEECH, PAUL MAME STREET ADDRESS 100 POND ST STREET ADDRESS CITY-ST-ZIP COHASSET MA 02025 CITY-ST-ZIP TITLE ☐ Delete **VPSD** TITLE ☐ Change ☐ Addition NAME HORN, STEPHEN NAME STREET ADDRESS 8113 RAYBURN RD STREET ADDRESS CITY-ST-ZIP BETHESDA MD 20817 CITY-ST-ZIP TITI F CEPD ☐ Delete TITLE Change ☐ Addition NAME SHAFER, JOHN D JR. NAME STREET ADDRESS 29 REYNOLDS WAY STREET ADDRESS CITY-ST-ZIP DUXBURY MA 02332 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME RUSSO, STEPHEN NAME STREET ADDRESS 5 TIMBERLAND DR STREET ADDRESS CITY-ST-7IP LINCOLN RI 02865 CITY-ST-ZIP TITLE **VPFD** ☐ Delete TITLE Change ☐ Addition NAME WILSON, JENNIE NAME STREET ADDRESS 382 MT. BLUE ST. STREET ADDRESS CITY-ST-ZIP NORWELL MA 02061 CITY-ST-7IP ☐ Delete TITLE Change ■ Addition NAME

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

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

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