FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jul 15, 2002 8:00 am Secretary of State **DOGUMENT #** P02524 1. Entity Name 07-15-2002 90187 024 \*\*\*150.00 SEVENTH DUNKIN' DONUTS REALTY, INC. Principal Place of Business Mailing Address PACELLA PARK DR. PACELLA PARK 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 Applied For 4. FEI Number 04-2836203 Not Applicable Zip Country 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 Name -CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F Addition TITLE **CFO** ☐ Delete NAME NAME LEECH, PAUL STREET ADDRESS 100 POND STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COHASSET MA 02025 ☐ Delete ☐ Change ☐ Addition TITLE TITLE **VPCT** NAME WILSON, JENNIE STREET ADDRESS STREET ADDRESS 382 MOUNT BLUE STREEET CITY-ST-ZIP CITY-ST-ZIP NORWELL MA 02061 TITLE ☐ Addition TITLE ☐ Delete Change **VPSD** NAME NAME HORN, STEPHEN STREET ADDRESS STREET ADDRESS 8113 RAYBURN RD CITY-ST-ZIP CITY-ST-ZIP Bethesda MD 20817 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME RUSSO, STEPHEN STREET ADDRESS STREET ADDRESS **5 TIMBERLAND DRIVE** CITY-ST-ZIP LINCOLN RI 02865 CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME John D Shafer Jr STREET ADDRESS STREET ADDRESS 29 REYNOLDS WAY CITY-ST-ZIP CITY-ST-ZIP **DUXBURY MA 02332**

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.

STREET ADDRESS CITY-ST-ZIP

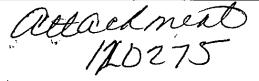
NAME

NAME

STREET ADDRESS

☐ Delete

☐ Addition





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