2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000051532

Entity Name: DOMINO'S GC INC.

FILED Jan 26, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:	
	LLOYD WRIGH R, MI 48106	IT DRIVE			
Current Mailing Address:				New Mailing Address:	
30 FRANK LLOYD WRIGHT DRIVE ANN ARBOR, MI 48106			30 FRANK LLOYD WRIGHT DRIVE PO BOX 1186 ANN ARBOR, MI 48106		
FEI Number: 26-2703710 FEI Number Applied For () FEI Number			nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US 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.					
SIGNATUR		Signature of Degistered Agen	+		Data
Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ().					
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BRANDON, DAVI	D WRIGHT DRIVE		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	BECK, WENDY A	D WRIGHT DRIVE		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DERSIDAN, CHR	D WRIGHT DRIVE		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	S () E GACEK, ADAM J 30 FRANK LLOYI ANN ARBOR, MI	D WRIGHT DRIVE		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	HALL, MITCH G	Delete D WRIGHT DRIVE 48106		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	LAWRENCE, JEF	D WRIGHT DRIVE		Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRISTIAN DERSIDAN T 01/26/2009