

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90120 016 ***150.00

DOCUMENT # P18282

1. Entity Name

DUNKIN' DONUTS INCORPORATED

Principal Place of Business

Mailing Address

P. O. BOX 317
PACELLA PARK DRIVE
RANDOLPH MA 02368

P. O. BOX 317
PACELLA PARK DRIVE
RANDOLPH MA 02368-0317

00010400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-2266009**

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
NAME **ARMENTEROS, JORGE L.**
STREET ADDRESS **48 PARKER ROAD**
CITY-ST-ZIP **PLAINSBORO NJ**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VS** ☐ Delete
NAME **HANTMAN, LAWRENCE W.**
STREET ADDRESS **24 GREEN HILL ROAD**
CITY-ST-ZIP **BROOKLINE MA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **HARWOOD, PETER**
STREET ADDRESS **37 SURREY DRIVE**
CITY-ST-ZIP **COHASSET MA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VAS** ☒ Delete
NAME **DMOHOWSKI, STEPHEN**
STREET ADDRESS **71 SEDGEWICK DRIVE**
CITY-ST-ZIP **SCITUATE MA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **C** ☒ Delete
NAME **ROSENBERG, ROBERT**
STREET ADDRESS **4 CHADWICK ROAD**
CITY-ST-ZIP **WESTON MA**

TITLE ☐ Change ☒ Addition
NAME **CEO**
STREET ADDRESS **John D Shafer, JR.**
CITY-ST-ZIP **29 Reynolds Way**
Duxbury, MA 02332

TITLE **D** ☒ Delete
NAME **MCKEOUGH, KATHLEEN E**
STREET ADDRESS **1080 BULLOCKS POINT**
CITY-ST-ZIP **RIVERSIDE RI**

TITLE ☐ Change ☒ Addition
NAME **vp Finance & Treasurer**
STREET ADDRESS **Jennie Wilson**
CITY-ST-ZIP **382 Mt Blue Street**
Norwell, MA 02061

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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/2000
Date

9812961-4020
Daytime Phone #