

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90109 037 ***150.00

DOCUMENT # P18282

1. Entity Name
DUNKIN' DONUTS INCORPORATED

Principal Place of Business P. O. BOX 317 PACELLA PARK DRIVE RANDOLPH MA 02368	Mailing Address P. O. BOX 317 PACELLA PARK DRIVE RANDOLPH MA 02368
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900107



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 04-2266009	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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, 2001 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

TITLE	VP	<input type="checkbox"/> Delete
NAME	ARMENTEROS, JORGE L.	
STREET ADDRESS	48 PARKER ROAD	
CITY-ST-ZIP	PLAINSBORO NJ	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HANTMAN, LAWRENCE W.	
STREET ADDRESS	24 GREEN HILL ROAD	
CITY-ST-ZIP	BROOKLINE MA	
TITLE	V	<input type="checkbox"/> Delete
NAME	HARWOOD, PETER	
STREET ADDRESS	37 SURREY DRIVE	
CITY-ST-ZIP	COHASSET MA	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	SHAFFER, JOHN D JR	
STREET ADDRESS	29 REYNOLDS WY	
CITY-ST-ZIP	DUXBURY MA 02332	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILSON, JENNIE	
STREET ADDRESS	382 MT BLUE ST	
CITY-ST-ZIP	NORWELL MA 02061	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Jennie Wilson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/01 (781) 961-4020
 Date Daytime Phone #

CR2E034 (10/00)