

**FILED**  
**Aug 11, 2002 8:00 am**  
**Secretary of State**

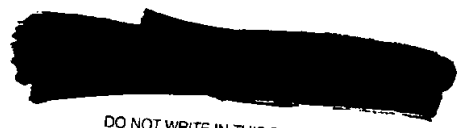
05-30-2002 91600 040 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P18282**

1. Entity Name  
**DUNKIN' DONUTS INCORPORATED**

41234



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

4. FEI Number  
**04-2266009**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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

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.

FL Zip Code

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 Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	NAME	ARMENTEROS, JORGE L.	<input type="checkbox"/> Delete
STREET ADDRESS	48 PARKER ROAD	CITY-STATE-ZIP	PLAINSBORO NJ	
TITLE	VP	NAME	HANTMAN, LAWRENCE W.	<input type="checkbox"/> Delete
STREET ADDRESS	24 GREEN HILL ROAD	CITY-STATE-ZIP	BROOKLINE MA	
TITLE	VP	NAME	HARWOOD, PETER	<input type="checkbox"/> Delete
STREET ADDRESS	37 SURREY DRIVE	CITY-STATE-ZIP	COHASSET MA	
TITLE	CEO	NAME	SHAFER, JOHN D JR	<input type="checkbox"/> Delete
STREET ADDRESS	29 REYNOLDS WY	CITY-STATE-ZIP	DUXBURY MA 02332	
TITLE	VP	NAME	WILSON, JENNIE	<input type="checkbox"/> Delete
STREET ADDRESS	382 MT BLUE ST	CITY-STATE-ZIP	NORWELL MA 02061	
TITLE		NAME		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 located 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

CR2E034 (9/01)