


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90001 013 ***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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUSSELL, WILL	NAME	
STREET ADDRESS	22 LOUART DRIVE	STREET ADDRESS	
CITY-ST-ZIP	NEEDHAM, MA 02194	CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> Delete	TITLE	VPSD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORN, STEPHEN	NAME	
STREET ADDRESS	8113 RAYBURN RD	STREET ADDRESS	
CITY-ST-ZIP	BETHESDA, MD 20817	CITY-ST-ZIP	
TITLE	CFO <input type="checkbox"/> Delete	TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEECH, PAUL	NAME	
STREET ADDRESS	100 POND ST	STREET ADDRESS	
CITY-ST-ZIP	COHASSET, MA 02025	CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> Delete	TITLE	CEO, P, C <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTHER, JON	NAME	
STREET ADDRESS	450 COUNTRY MANOR DR NW	STREET ADDRESS	99 Needham St., Apt. 1404
CITY-ST-ZIP	ATLANTA, GA 30327	CITY-ST-ZIP	Newton, MA 02461
TITLE	VP <input type="checkbox"/> Delete	TITLE	VP, CFO, T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JENNIE	NAME	
STREET ADDRESS	382 MT BLUE ST	STREET ADDRESS	
CITY-ST-ZIP	NORWELL, MA 02061	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Jennie Wilson</u> Jennie Wilson		<u>3/17/04</u> 781-961-4000	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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03022004 Chg-P CR2E034 (10/03)

4. FEI Number **04-2266009** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**