

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State


04-20-2005 90351 021 ***150.00

50040780



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
130 Royall Street

3. Mailing Address
130 Royall Street

Suite, Apt. #, etc.
Legal Dept. 3 East A

City & State
Canton, MA

City & State
Canton, MA

Zip
02021-1010

Country
USA

Zip
02021-1010

Country
USA

04012005 Chg-P CR2E034 (10/03)

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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUSSELL, WILL 22 LOUART DRIVE NEEDHAM, MA 02194	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD HORN, STEPHEN 8113 RAYBURN RD BETHESDA, MD 20817	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEECH, PAUL 100 POND ST COHASSET, MA 02025	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP LUTHER, JON 99 NEEDHAM ST., APT. 1404 NEWTON HIGHLANDS, MA 02461	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO WILSON, JENNIE 382 MT BLUE ST NORWELL, MA 02061	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Marc Cote** **4/4/2005** **781-737-3218**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #