

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2003 8:00 am
Secretary of State

08-28-2003 90067 046 ***550.00

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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

☒ CHECK HERE IF MAKING CHANGES

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ARMENTEROS, JORGE L.	
STREET ADDRESS	48 PARKER ROAD	
CITY-ST-ZIP	PLAINSBORO NJ	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	HANTMAN, LAWRENCE W.	
STREET ADDRESS	24 GREEN HILL ROAD	
CITY-ST-ZIP	BROOKLINE MA	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HARWOOD, PETER	
STREET ADDRESS	37 SURREY DRIVE	
CITY-ST-ZIP	COHASSET MA	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	SHAHER, 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUSSELL, Will	
STREET ADDRESS	22 LOWART DRIVE	
CITY-ST-ZIP	NEEDHAM, MA 02194	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORN, STEPHEN	
STREET ADDRESS	8113 RAYBURN RD.	
CITY-ST-ZIP	BETHESDA, MD 20817	
TITLE	CEO, SUP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEECH, PAUL	
STREET ADDRESS	100 POND ST.	
CITY-ST-ZIP	COHASSET, MA 02025	
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTHER, JON	
STREET ADDRESS	450 CONWAY MANOR DR, NW	
CITY-ST-ZIP	ATLANTA, GA 30327	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-11-03 (781) 961-4020

CR2E034 (4/03)