

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000002936

Entity Name: MONRO MUFFLER BRAKE, INC.**Current Principal Place of Business:**200 HOLLEDER PARKWAY
ROCHESTER, NY 14615**Current Mailing Address:**200 HOLLEDER PARKWAY
ROCHESTER, NY 14615**FEI Number:** 16-0838627**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRPERSON, DIRECTOR
Name MELLOR, ROBERT E.
Address 7 MADRONE AVE
City-State-Zip: KENTFIELD CA 94904

Title CEO & PRESIDENT, DIRECTOR
Name BRODERICK, MICHAEL
Address 200 HOLLEDER PARKWAY
City-State-Zip: ROCHESTER NY 14615

Title DIRECTOR
Name MCCLUSKI, STEPHEN C
Address 10 GRANDHILL WAY
City-State-Zip: PITTSFORD NY 14534

Title SENIOR VP OF FINANCE,
TREASURER & CFO
Name D'AMBROSIA, BRIAN J.
Address 200 HOLLEDER PARKWAY
City-State-Zip: ROCHESTER NY 14615

Title SENIOR VICE PRESIDENT, GENERAL
COUNSEL AND SECRETARY
Name MULHOLLAND, MAUREEN E.
Address 200 HOLLEDER PARKWAY
City-State-Zip: ROCHESTER NY 14615

Title CORPORATE COUNSEL AND
ASSISTANT SECRETARY
Name HEISMAN, JOHN A
Address 200 HOLLEDER PARKWAY
City-State-Zip: ROCHESTER NY 14615

Title DIRECTOR
Name AUERBACH, JOHN L.
Address 106 7TH AVE
APT 9B
City-State-Zip: NEW YORK NY 10011

Title DIRECTOR
Name HYDE, LINDSAY N.
Address 102 HANCOCK ST., #1
City-State-Zip: CAMBRIDGE MA 02139

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MAUREEN MULHOLLAND**SECRETARY****04/03/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SOLOMON, PETER J.
Address	810 FIFTH AVE
City-State-Zip:	NEW YORK NY 10021