

**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000002936

**Entity Name:** MONRO MUFFLER BRAKE, INC.**Current Principal Place of Business:**295 WOODCLIFF DR  
202  
FAIRPORT, NY 14450**Current Mailing Address:**295 WOODCLIFF DR  
202  
FAIRPORT, NY 14450 US**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 295 WOODCLIFF DR  
City-State-Zip: FAIRPORT NY 14450

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 295 WOODCLIFF DR  
City-State-Zip: FAIRPORT NY 14450

Title SENIOR VICE PRESIDENT, GENERAL  
COUNSEL AND SECRETARY  
Name MULHOLLAND, MAUREEN E.  
Address 295 WOODCLIFF DR  
City-State-Zip: FAIRPORT NY 14450

Title CORPORATE COUNSEL AND  
ASSISTANT SECRETARY  
Name HEISMAN, JOHN A  
Address 295 WOODCLIFF DR  
202  
City-State-Zip: FAIRPORT NY 14450

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

**Continues on page 2**

*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:** BRIAN D'AMBROSIA

CFO

02/06/2025

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 |