

1.) CORPORATION NAME:

**Dunkin' Brands, Inc.**

DUE DATE: **6/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1631417**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 130 ROYALL ST

CITY/ST/ZIP: CANTON, MA 02021

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	NIGEL TRAVIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	130 ROYALL ST		
CITY/ST/ZIP/CO:	CANTON, MA 02021		
NAME:	RICHARD J EMMETT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	S/GC		
ADDRESS:	130 ROYALL ST		
CITY/ST/ZIP/CO:	CANTON, MA 02021		
NAME:	KATHERINE D JASPON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	130 ROYALL ST		
CITY/ST/ZIP/CO:	CANTON, MA 02021		
NAME:	AUDREY E HOLMES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	130 ROYALL ST		
CITY/ST/ZIP/CO:	CANTON, MA 02021		
NAME:	RAUL ALVAREZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1000 S. POINTE DR., UNIT 3302		
CITY/ST/ZIP/CO:	MIAMI BEACH, FL 33139		
NAME:	IRENE CHANG BRITT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	130 ROYALL STREET		
CITY/ST/ZIP/CO:	CANTON, MA 02021		

NAME: ANTHONY J. DINOVI TITLE: DIRECTOR ADDRESS: THOMAS H. LEE PARTNERS, L.P. 100 FEDERAL STREET, 35TH FLOOR CITY/ST/ZIP/CO: BOSTON, MA 02110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL F. HINES TITLE: DIRECTOR ADDRESS: 130 ROYALL STREET CITY/ST/ZIP/CO: CANTON, MA 02021	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SANDRA J. HORBACH TITLE: DIRECTOR ADDRESS: THE CARLYLE GROUP 520 MADISON AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARK E. NUNNELLY TITLE: DIRECTOR ADDRESS: BAIN CAPITAL PARTNERS, LLC 200 CLARENDON ST. CITY/ST/ZIP/CO: BOSTON, MA 02116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CARL SPARKS TITLE: DIRECTOR ADDRESS: SABRE HOLDINGS CORPORATION 3150 SABRE DRIVE CITY/ST/ZIP/CO: SOUTHLAKE, TX 76092	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOSEPH UVA TITLE: DIRECTOR ADDRESS: 130 ROYALL ST CITY/ST/ZIP/CO: CANTON, MA 02021	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ AUDREY E HOLMES SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	AUDREY E HOLMES, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	6/10/2015 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		