

1.) CORPORATION NAME:

illy caffe North America, Inc.

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL CORPORATE RESEARCH LTD
250 BROWNS HILL CT
MIDLOTHIAN, VA 23114**

SCC ID NO: **F1432733**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 800 WESTCHESTER AVENUE
SUITE S440

CITY/ST/ZIP: RYE BROOK, NY 10573

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GREGORY C FEA	
TITLE:	PRES/CEO	
ADDRESS:	800 WESTCHESTER AVENUE SUITE S440 RYE BROOK, NY 10573	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CARLO BADIOLI	
TITLE:	EXEC VP / CAO	
ADDRESS:	800 WESTCHESTER AVENUE SUITE S440 RYE BROOK, NY 10573	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	EDWARD C MARSCHNER	
TITLE:	SECRETARY	
ADDRESS:	FOX HORAN & CAMERINI LLP 825 THIRD AVE NEW YORK, NY 10022	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ANDREA ILLY	
TITLE:	CHAIRMAN	
ADDRESS:	VIA FLAVIA 110 34147 Trieste, , IT	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	BARRY SHELDON	
TITLE:	COO, NO. AM.	
ADDRESS:	800 WESTCHESTER AVENUE SUITE S440 RYE BROOK, NY 10574	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CARLO ALBERTO BERTOZZI	
TITLE:	DIRECTOR	
ADDRESS:	MRA - 1 SELLECK ST. NORWALK, VA	

NAME: ANNA ILLY TITLE: DIRECTOR ADDRESS: VIA FLAVIA 110 CITY/ST/ZIP/CO: 34147 Trieste, , IT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: GIOVANNI LOSER TITLE: DIRECTOR ADDRESS: VIA FLAVIA 110 CITY/ST/ZIP/CO: 34147 TRIESTE,,,ITALY , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ EDWARD C MARSCHNER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	EDWARD C MARSCHNER, SECRETARY PRINTED NAME AND CORPORATE TITLE	6/11/2012 DATE
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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.