

1.) CORPORATION NAME: **illy caffe North America, Inc.** DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **NATIONAL CORPORATE RESEARCH LTD** SCC ID NO: **F1432733**

250 BROWNS HILL CT
MIDLOTHIAN, VA 5.) STOCK INFORMATION
CLASS AUTHORIZED

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	
CITY/ST/ZIP/CO:	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	
CITY/ST/ZIP/CO:	RYE BROOK, NY 10573	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ANDREA ILLY	
TITLE:	CHAIRMAN	
ADDRESS:	VIA FLAVIA 110	
	34147 TRIESTE, ITALY	
CITY/ST/ZIP/CO:	, , FN	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	EDWARD C MARSCHNER	
TITLE:	SECRETARY	
ADDRESS:	CARLTON FIELDS	
	26 BROADWAY	
CITY/ST/ZIP/CO:	NEW YORK, NY 10004	

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

NAME: CARLO ALBERTO BERTOZZI TITLE: DIRECTOR ADDRESS: MRA - 1 SELLECK ST. CITY/ST/ZIP/CO: NORWALK, VA	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ANNA ILLY TITLE: DIRECTOR ADDRESS: VIA FLAVIA 110 CITY/ST/ZIP/CO: 34147 TRIESTE, ITALY , , FN	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: GIOVANNI LOSER TITLE: DIRECTOR ADDRESS: VIA FLAVIA 110 CITY/ST/ZIP/CO: , , FN	<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/ GREGORY C FEA	GREGORY C FEA, PRES/CEO	6/16/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.		