

1.) CORPORATION NAME:

**Caribou Coffee Company, Inc.**

DUE DATE: **6/30/2011**

SCC ID NO: **F1474438**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000,000
PREFER	20,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3900 LAKEBREEZE AVE N

CITY/ST/ZIP: MINNEAPOLIS, MN 55429-

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: DAN LEE  
TITLE: SECRETARY  
ADDRESS: 3900 LAKEBREEZE AVENUE N  
CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55429-

OFFICER

DIRECTOR

NAME: TIMOTHY HENNESSEY  
TITLE: CFO  
ADDRESS: 3900 LAKE BREEZE AVE N  
CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55429-

OFFICER

DIRECTOR

NAME: MICHAEL COLES  
TITLE: DIRECTOR  
ADDRESS: 3900 LAKE BREEZE AVE N  
CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55429-

OFFICER

DIRECTOR

NAME: CHARLIE OGBURN  
TITLE: DIRECTOR  
ADDRESS: 3900 LAKEBREEZE AVE N  
CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55429-

OFFICER

DIRECTOR

NAME: MICHAEL TATTERSFIELD  
TITLE: PRESIDENT  
ADDRESS: 3900 LAKEBREEZE AVE  
CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55429-

OFFICER

DIRECTOR

NAME: DAN HURDLE TITLE: VICE PRESIDENT ADDRESS: 3900 LAKEBREEZE AVE CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55429-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: GARY GRAVES TITLE: CHAIRMAN ADDRESS: 3900 LAKEBREEZE AVE CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55429-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES GRIFFITH TITLE: DIRECTOR ADDRESS: 3900 LAKEBREEZE AVE CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55429-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KIP CAFFEY TITLE: DIRECTOR ADDRESS: 3900 LAKEBREEZE AVE CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55429-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SARAH CHAPIN TITLE: DIRECTOR ADDRESS: 3900 LAKEBREEZE AVE CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55429-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WALLACE DOOLAN TITLE: DIRECTOR ADDRESS: 3900 LAKEBREEZE AVE CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55429-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PHILIP SANFORD TITLE: DIRECTOR ADDRESS: 3900 LAKEBREEZE AVE CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55429-	<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/ TIMOTHY HENNESSEY _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TIMOTHY HENNESSEY, CFO _____ PRINTED NAME AND CORPORATE TITLE
5/4/2011 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.	