

1.) CORPORATION NAME:

**Caribou Coffee Company, Inc.**

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1474438**

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: MICHAEL TATTERSFIELD TITLE: PRESIDENT ADDRESS: 3900 LAKEBREEZE AVE CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55429	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> 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: DAN LEE TITLE: SECRETARY ADDRESS: 3900 LAKEBREEZE AVENUE N CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55429	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TIMOTHY HENNESSY TITLE: CFO ADDRESS: 3900 LAKE BREEZE AVE N 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: 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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SARAH CHAPIN DIRECTOR 3900 LAKEBREEZE AVE MINNEAPOLIS, MN 55429	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WALLACE DOOLAN DIRECTOR 3900 LAKEBREEZE AVE MINNEAPOLIS, MN 55429	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLIE OGBURN DIRECTOR 3900 LAKEBREEZE AVE N MINNEAPOLIS, MN 55429	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHILIP SANFORD DIRECTOR 3900 LAKEBREEZE AVE MINNEAPOLIS, MN 55429	<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/ TIMOTHY HENNESSY	TIMOTHY HENNESSY, CFO	4/25/2012
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.