

1.) CORPORATION NAME:

Caribou Coffee Company, Inc.

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1474438**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3900 LAKEBREEZE AVE		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55429		
NAME:	TIMOTHY HENNESSY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	3900 LAKE BREEZE AVE N		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55429		
NAME:	DAN LEE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3900 LAKEBREEZE AVENUE N		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55429		
NAME:	GARY GRAVES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	3900 LAKEBREEZE AVE		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55429		
NAME:	KIP CAFFEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3900 LAKEBREEZE AVE		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55429		
NAME:	SARAH CHAPIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3900 LAKEBREEZE AVE		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55429		

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: CHARLIE OGBURN TITLE: DIRECTOR ADDRESS: 3900 LAKEBREEZE AVE N 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 HENNESSY	TIMOTHY HENNESSY, CFO	5/22/2013
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.		