

1.) CORPORATION NAME:

Caribou Coffee Company, Inc.

DUE DATE: **6/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

SCC ID NO: **F1474438**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	18,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL TATTERSFIELD	
TITLE:	PRESIDENT	
ADDRESS:	3900 LAKEBREEZE AVE	
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:	DAN LEE	
TITLE:	SECRETARY	
ADDRESS:	3900 LAKEBREEZE AVENUE N	
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55429	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	AXEL BHAT	
TITLE:	CHAIRMAN	
ADDRESS:	3900 LAKEBREEZE AVE	
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55429	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOACHIM CREUS	
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	

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
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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
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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/ DAN LEE	DAN LEE, SECRETARY	6/30/2015
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.