

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000005409

**FILED**  
**Mar 09, 2016**  
**Secretary of State**  
**CC6023070423**

**Entity Name:** CARIBOU COFFEE COMPANY, INC.

**Current Principal Place of Business:**

3900 LAKEBREEZE AVENUE NORTH  
MINNEAPOLIS, MN 55429

**Current Mailing Address:**

3900 LAKEBREEZE AVENUE NORTH  
MINNEAPOLIS, MN 55429

**FEI Number:** 41-1731219

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TATTERSFIELD, MICHAEL  
Address        3900 LAKEBREEZE AVENUE NORTH  
City-State-Zip: MINNEAPOLIS MN 55429

Title            SECRETARY  
Name            LEE, DAN E  
Address        3900 LAKEBREEZE AVENUE NORTH  
City-State-Zip: MINNEAPOLIS MN 55429

Title            CFO  
Name            HENNESSY, TIMOTHY J  
Address        3900 LAKEBREEZE AVENUE NORTH  
City-State-Zip: MINNEAPOLIS MN 55429

Title            DIRECTOR  
Name            RAINKO, KELLY DARIN  
Address        3900 LAKEBREEZE AVENUE NORTH  
City-State-Zip: MINNEAPOLIS MN 55429

Title            DIRECTOR  
Name            VALETTE, JEAN-MICHEL  
Address        3900 LAKEBREEZE AVENUE NORTH  
City-State-Zip: MINNEAPOLIS MN 55429

Title            DIRECTOR  
Name            DENO, DAVID  
Address        3900 LAKEBREEZE AVENUE NORTH  
City-State-Zip: MINNEAPOLIS MN 55429

Title            DIRECTOR  
Name            GRAVES, GARY  
Address        3900 LAKEBREEZE AVENUE NORTH  
City-State-Zip: MINNEAPOLIS MN 55429

Title            DIRECTOR  
Name            GOUDET, OLIVER  
Address        3900 LAKEBREEZE AVENUE NORTH  
City-State-Zip: MINNEAPOLIS MN 55429

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TIMOTHY HENNESSY

**CFO**

**03/09/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BECHT, BART  
Address 3900 LAKEBREEZE AVENUE NORTH  
City-State-Zip: MINNEAPOLIS MN 55429

Title DIRECTOR  
Name HARF, PETER  
Address 3900 LAKEBREEZE AVENUE NORTH  
City-State-Zip: MINNEAPOLIS MN 55429