2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004287

Entity Name: KEURIG. INCORPORATED

LAZARIS, NICOLAS

READING, MA 01867

DEGNAN, MICHAEL J

READING, MA 01867

55 WALKERS BROOK DRIVE

55 WALKERS BROOK DRIVE

() Delete

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

FILED Feb 18, 2009 Secretary of State

	iidi KEOKK	5, II 1 0 01 11 01 17	(120				
Current Principal Place of Business:				New Principal Place of Business:			
	RS BROOK MA 01867	DRIVE					
Current Mailing Address:				New Mailing Address:			
	RS BROOK MA 01867	DRIVE					
FEI Number:	04-3156340	FEI Number	Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
		RK DRIVE STE 4 US	4				
	named entit of Florida.	y submits this s	tatement for the pu	rpose of changing i	ts register	red office or registered agent, or both,	
SIGNATUR	RE:						
	Electr	onic Signature o	of Registered Ager	t		Date	
Election Car	npaign Financ	ing Trust Fund Co	ontribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: City-St-Zip:	SABOL, STE 33 COFFEE WATERBUR DVTS RATHKE, FR 33 COFFEE WATERBUR	LANE Y, VT 05676 () Delete ANCES G LANE Y, VT 05676 () Delete ANCES G LANE		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	DIR RATHKE, I	EE LANE JRY, VT 05676 (X) Change()Addition FRANCES G	
Title:		()Delete		Title:	PRES	(X) Change()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

STACY, MICHELLE

READING, MA 01867

DEGNAN, MICHAEL J

READING, MA 01867

55 WALKERS BROOK DRIVE

55 WALKERS BROOK DRIVE

(X) Change () Addition

SIGNATURE: JOHN HELLER VP 02/18/2009