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Mar 29, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000001275

1. Corporation Name
GREEN MOUNTAIN COFFEE ROASTERS, INC.

Principal Place of Business Mailing Address
33 COFFEE LANE 33 COFFEE LANE
WATERBURY VT 05676 WATERBURY VT 05676

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/12/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		03-0280558	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH STREET, STE 300
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILLER, ROBERT P	1.2 NAME	
STREET ADDRESS	33 COFFEE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WATERBURY VT 05676	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRITT, ROBERT D	2.2 NAME	
STREET ADDRESS	33 COFFEE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WATERBURY VT 05676	2.4 CITY-ST-ZIP	
TITLE	VPOS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABOL, STEPHEN J	3.2 NAME	
STREET ADDRESS	33 COFFEE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WATERBURY VT 05676	3.4 CITY-ST-ZIP	
TITLE	VPM <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WETTSTEIN, JONATHAN C	4.2 NAME	
STREET ADDRESS	33 COFFEE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WATERBURY VT 05676	4.4 CITY-ST-ZIP	
TITLE	VPF <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMEY, PAUL	5.2 NAME	
STREET ADDRESS	33 COFFEE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WATERBURY VT 05676	5.4 CITY-ST-ZIP	
TITLE	VPOA <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLER, DEAN E	6.2 NAME	
STREET ADDRESS	33 COFFEE LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WATERBURY VT 05676	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED **ROBERT D. BRITT** 3/19/99 (802) 244 5621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)