

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05285

FILED
Apr 10, 2009
Secretary of State

Entity Name: CRACKER BARREL OLD COUNTRY STORE, INC.

Current Principal Place of Business:

305 HARTMANN DRIVE
LEBANON, TN 370880787

New Principal Place of Business:

305 HARTMANN DRIVE
LEBANON, TN 37087

Current Mailing Address:

305 HARTMANN DRIVE
LEBANON, TN 370880787

New Mailing Address:

PO BOX 787
LEBANON, TN 370880787

FEI Number: 62-0812904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRED () Delete
Name: WOODHOUSE, MICHAEL A
Address: 305 HARTMANN DR
City-St-Zip: LEBANON, TN 37087

Title: SEC () Delete
Name: ZYLSTRA, MICHAEL J
Address: 305 HARTMANN DR.
City-St-Zip: LEBANON, TN 37087

Title: SVPF () Delete
Name: COUVILLION, DOUG
Address: 305 HARTMANN DRIVE
City-St-Zip: LEBANON, TN 37087

Title: COO () Delete
Name: BARBER, DOUG
Address: 305 HARTMANN DR
City-St-Zip: LEBANON, TN 37087

Title: ATRE () Delete
Name: SCRUGGS, PATRICK
Address: 305 HARTMANN DR
City-St-Zip: LEBANON, TN 37087

Title: VPD () Delete
Name: SHOAF, FORREST
Address: 305 HARTMANN DR
City-St-Zip: LEBANON, TN 37087

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRED (X) Change () Addition
Name: COCHRAN, SANDRA B
Address: 305 HARTMANN DR
City-St-Zip: LEBANON, TN 37087

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MICHAEL J. ZYLSTRA

SEC

04/10/2009

Electronic Signature of Signing Officer or Director

Date