

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05285

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** CRACKER BARREL OLD COUNTRY STORE, INC.

**Current Principal Place of Business:**

305 HARTMANN DRIVE  
LEBANON, TN 37087

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 787  
LEBANON, TN 370880787

**New Mailing Address:**

**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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WOODHOUSE, MICHAEL A  
Address: 305 HARTMANN DR  
City-St-Zip: LEBANON, TN 37087

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

Title: VP  
Name: COUVILLION, DOUG  
Address: 305 HARTMANN DR  
City-St-Zip: LEBANON, TN 37087

Title: PRED  
Name: COCHRAN, SANDRA B  
Address: 305 HARTMANN DR  
City-St-Zip: LEBANON, TN 37087

Title: CFO  
Name: HYATT, LARRY E  
Address: 305 HARTMANN DR  
City-St-Zip: LEBANON, TN 37087

Title: D  
Name: BRADFORD, JAMES  
Address: 305 HARTMANN DR  
City-St-Zip: LEBANON, TN 37087

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: MICHAEL J ZYLSTRA

SEC

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date