

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05285

**Entity Name:** CRACKER BARREL OLD COUNTRY STORE, INC.**Current Principal Place of Business:**305 HARTMANN DRIVE  
LEBANON, TN 37087**Current Mailing Address:**PO BOX 787  
LEBANON, TN 37088-0787**FEI Number:** 62-0812904**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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 CHAIRMAN  
Name BRADFORD, JAMES W  
Address 305 HARTMANN DR  
City-State-Zip: LEBANON TN 37087

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

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

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

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

Title DIRECTOR  
Name PETERSON, COLEMAN H  
Address 305 HARTMANN DRIVE  
City-State-Zip: LEBANON TN 37087

Title DIRECTOR  
Name BRADFORD, JAMES W  
Address 305 HARTMANN DRIVE  
City-State-Zip: LEBANON TN 37087

Title DIRECTOR  
Name COCHRAN, SANDRA B  
Address 305 HARTMANN DRIVE  
City-State-Zip: LEBANON TN 37087

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*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****SECRETARY****03/19/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BARR, TOM  
Address 305 HARTMANN DRIVE  
City-State-Zip: LEBANON TN 37087

Title DIRECTOR  
Name DOBKIN, RICHARD J  
Address 305 HARTMANN DRIVE  
City-State-Zip: LEBANON TN 37087

Title DIRECTOR  
Name MCCARTEN, WILLIAM W  
Address 305 HARTMANN DRIVE  
City-State-Zip: LEBANON TN 37087

Title DIRECTOR  
Name DAVENPORT, GLENN  
Address 305 HARTMANN DRIVE  
City-State-Zip: LEBANON TN 37087

Title DIRECTOR  
Name JOHNSON, NORMAN E  
Address 305 HARTMANN DRIVE  
City-State-Zip: LEBANON TN 37087

Title DIRECTOR  
Name WEISS, ANDREA M  
Address 305 HARTMANN DRIVE  
City-State-Zip: LEBANON TN 37087