## 2016 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

FILED Apr 05, 2016

**Secretary of State** 

CC2896917742

Officer/Director Detail:

Title CHAIRMAN Title SEC

NameBRADFORD, JAMES WNameZYLSTRA, MICHAEL JAddress305 HARTMANN DRAddress305 HARTMANN DR.City-State-Zip:LEBANON TN 37087City-State-Zip:LEBANON TN 37087

Title VP Title PRED

NameWILSON, JEFFNameCOCHRAN, SANDRA BAddress305 HARTMANN DRAddress305 HARTMANN DRCity-State-Zip:LEBANON TN 37087City-State-Zip:LEBANON TN 37087

Title CFO Title DIRECTOR

NameHYATT, LARRY ENamePETERSON, COLEMAN HAddress305 HARTMANN DRAddress305 HARTMANN DRIVECity-State-Zip:LEBANON TN 37087LEBANON TN 37087

Title DIRECTOR Title DIRECTOR

NameBRADFORD, JAMES WNameCOCHRAN, SANDRA BAddress305 HARTMANN DRIVEAddress305 HARTMANN DRIVECity-State-Zip:LEBANON TN 37087City-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 04/05/2016

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name BARR, TOM Name DAVENPORT, GLENN

Address 305 HARTMANN DRIVE Address 305 HARTMANN DRIVE

City-State-Zip: LEBANON TN 37087 City-State-Zip: LEBANON TN 37087

Title DIRECTOR Title DIRECTOR

NameDOBKIN, RICHARD JNameJOHNSON, NORMAN EAddress305 HARTMANN DRIVEAddress305 HARTMANN DRIVECity-State-Zip:LEBANON TN 37087City-State-Zip:LEBANON TN 37087

Title DIRECTOR Title DIRECTOR

NameMCCARTEN, WILLIAM WNameWEISS, ANDREA MAddress305 HARTMANN DRIVEAddress305 HARTMANN DRIVECity-State-Zip:LEBANON TN 37087City-State-Zip:LEBANON TN 37087