

**2014 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F09000000138

**Entity Name:** FARMER BROS. CO.**Current Principal Place of Business:**20333 S. NORMANDIE AVENUE  
TORRANCE, CA 90502**Current Mailing Address:**20333 S. NORMANDIE AVENUE  
TORRANCE, CA 90502**FEI Number:** 95-0725980**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 D, CHAIRMAN  
Name BERGER, GUENTER W  
Address 20333 S. NORMANDIE AVENUE  
City-State-Zip: TORRANCE CA 90502

Title CFO  
Name NELSON, MARK J  
Address 20333 S. NORMANDIE AVENUE  
City-State-Zip: TORRANCE CA 90502

Title DIRECTOR  
Name GROSSMAN, JEANNE FARMER  
Address 3573 TERRACE VIEW DRIVE  
City-State-Zip: ENCINO CA 91436

Title DIRECTOR  
Name CLARK, RANDY E  
Address 4515 W. COUNTRY HILLS LANE  
City-State-Zip: SPOKANE WA 99208

Title S  
Name WITTEMAN, TERI L  
Address 199 S. LOS ROBLES AVE  
600  
City-State-Zip: PASADENA CA 91101

Title D, CEO  
Name KEOWN, MICHAEL H  
Address 20333 S. NORMANDIE AVENUE  
City-State-Zip: TORRANCE CA 90502

Title DIRECTOR  
Name ASSADI, HAMIDEH  
Address 653 OAK RUN TRAIL  
312  
City-State-Zip: OAK PARK CA 91377

Title DIRECTOR  
Name MARCY, CHARLES F  
Address 695 11TH STREET  
City-State-Zip: BOULDER CO 80302

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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:** MARK J NELSON**CFO****04/01/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	MOTTERN, CHRISTOPHER P
Address	905 MISSION CREEK DRIVE
City-State-Zip:	PALM DESERT CA 92211