F00000001309



ACCOUNT NO. : 072100000032

REFERENCE :

711012

7214493

AUTHORIZATION :

COST LIMIT :

\$ 35.00

ORDER DATE: May 25, 2000

ORDER TIME : 10:02 AM

ORDER NO. : 711012-145

600003345016--8

CUSTOMER NO: 7214493

CUSTOMER: Ms. Carmen Picart-krichton

Fila U.s.a., Inc. 14114 York Road P.o. Box 3000

Sparks Glencoe, MD 21152

CHANGE OF AGENT

NAME: FILA U.S.A., INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Janna Wilson

C. COULLIETTE AUG 0 3 2000

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation is: _FILA U.S.A., INC.
2. The mailing address of the corporation is: 14114 York Road, P. O. Box 3000, Sparks, MD 21152
3. Date of incorporation/qualification: Delaware Document number:F00000001309
4. The name and address of the current registered agent and office:
CT Corporation System AND 8
1200 South Pine Island Road
Plantation, Florida 33324
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so
audiorized by the Board.
(Signature of an officer, chairman or vice chairman of the board)
(2.00)
Sharon Noland, Vice President (Printed on translation)
(Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as
By: Coellolo
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Carol K. Dolor, Asst. Vice President
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2EO45(7/97)