

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F00000001309**

1. Entity Name
FILA U.S.A., INC.

FILED
 02 NOV 27 PM 1:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: **ATTN: TAX DEPARTMENT
1 FILM WAY
SPARKS MD 21152**

Mailing Address: **ATTN: TAX DEPARTMENT
1 FILM WAY
SPARKS MD 21152**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **1 Filaway**
 Suite, Apt. #, etc.

3. Mailing Address: **1 Filaway**
 Suite, Apt. #, etc.

City & State: **SPARKS MD**

City & State: **SPARKS MD**

Zip: **21152** Country:

Zip: **21152** Country:

4. FEI Number: **52-1695992**

Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

City: _____ FL Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when re-registering.) DATE: _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE: CD NAME: SCANNAVINI, MICHELE STREET ADDRESS: VIALE CESARE BATTISTI, 26 CITY-ST-ZIP: BIELLA (VC) ITALY 13051 <input type="checkbox"/> Delete	
TITLE: PD NAME: EPSTEIN, JON STREET ADDRESS: 14114 YORK ROAD CITY-ST-ZIP: SPARKS MD 21152-3000 <input type="checkbox"/> Delete	
TITLE: VD NAME: O'RIORDAN, TOM STREET ADDRESS: 14114 YORK ROAD CITY-ST-ZIP: SPARKS MD 21152-3000 <input type="checkbox"/> Delete	
TITLE: VD NAME: HERKNER, DOUG STREET ADDRESS: 14114 YORK ROAD CITY-ST-ZIP: SPARKS MD 21152-3000 <input checked="" type="checkbox"/> Delete	
TITLE: V NAME: BURCH, HOWE STREET ADDRESS: 14114 YORK ROAD CITY-ST-ZIP: SPARKS MD 21152-3000 <input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	900009300179 12/02/02--01063--008 **550.00
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	220002200079
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Tom O'Riordan

12102 410722 302

CR2E034 (9/01)