

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

0614008 AT

DOCUMENT # F00000006516



1. Entity Name
NEW BALANCE ATHLETIC SHOE, INC.

04-15-2003 90096 006 ***150.00

Principal Place of Business
**20 GUEST ST.
BOSTON MA 02135-2088**

Mailing Address
**20 GUEST ST.
BOSTON MA 02135-2088**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-2460172**

Applied For

Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** Delete
NAME **WITHEE, JOHN**
STREET ADDRESS **61 N. BEACON STREET**
CITY-ST-ZIP **BOSTON MA**

TITLE Change Addition
NAME
STREET ADDRESS **20 GUEST STREET**
CITY-ST-ZIP **BOSTON, MA 02135**

TITLE **C** Delete
NAME **DAVIS, JAMES S**
STREET ADDRESS **61 N. BEACON STREET**
CITY-ST-ZIP **BOSTON MA**

TITLE Change Addition
NAME
STREET ADDRESS **20 GUEST STREET**
CITY-ST-ZIP **BOSTON, MA 02135**

TITLE **VT** Delete
NAME **GARDNER, JOHN E**
STREET ADDRESS **61 N. BEACON STREET**
CITY-ST-ZIP **BOSTON MA**

TITLE Change Addition
NAME
STREET ADDRESS **20 GUEST STREET**
CITY-ST-ZIP **BOSTON, MA 02135**

TITLE **S** Delete
NAME **GAURON, PAUL R**
STREET ADDRESS **61 N. BEACON STREET**
CITY-ST-ZIP **BOSTON MA**

TITLE Change Addition
NAME
STREET ADDRESS **20 GUEST STREET**
CITY-ST-ZIP **BOSTON, MA 02135**

TITLE **P** Delete
NAME **TOMPKINS, JAMES**
STREET ADDRESS **61 N. BEACON STREET**
CITY-ST-ZIP **BOSTON MA**

TITLE Change Addition
NAME
STREET ADDRESS **20 GUEST STREET**
CITY-ST-ZIP **BOSTON, MA 02135**

TITLE **V** Delete
NAME **LARSEN, JOHN E**
STREET ADDRESS **61 N. BEACON STREET**
CITY-ST-ZIP **BOSTON MA**

TITLE Change Addition
NAME
STREET ADDRESS **20 GUEST STREET**
CITY-ST-ZIP **BOSTON, MA 02135**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Withee **REQUIRED**

4/9/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)