


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000003075</b> 1. Entity Name <b>CONVERSE INC.</b>	
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Principal Place of Business <b>ONE HIGH STREET</b> <b>NORTH ANDOVER, MA 01845-2601</b>	Mailing Address <b>ONE HIGH STREET</b> <b>NORTH ANDOVER, MA 01845-2601</b>
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02012007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>52-2296884</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.**  
**2731 EXECUTIVE PARK DRIVE**  
**SUITE 4**  
**WESTON, FL 33331**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYS, JACK A ONE HIGH STREET NORTH ANDOVER, MA 01845
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKE, THOMAS E ONE HIGH STREET NORTH ANDOVER, MA 01845
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, LINDSAY D ONE HIGH STREET NORTH ANDOVER, MA 01845
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MADDOCKS, DAVID ONE HIGH STREET NORTH ANDOVER, MA 01845
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KELLEY, LAURA W ONE HIGH STREET NORTH ANDOVER, MA 01845
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000717632  
 04/30/07-80055-021 150.00  
  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Laura W. Kelley* Laura W. Kelley, 4/16/07 (978) 983-3563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #