

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90009 028 \*\*\*150.00

**DOCUMENT # F94000004656**

1. Entity Name  
**FILA TRADING, INC.**

Principal Place of Business

**1 FILA WAY  
 SPARKS MD 21152  
 US**

Mailing Address

**1 FILA WAY  
 ATTN: TAX DEPT  
 SPARKS MD 21152  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**52-1876390**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PCEO</b>	<input type="checkbox"/> Delete
NAME	<b>EPSTEIN, JON</b>	
STREET ADDRESS	<b>14114 YORK RD</b>	
CITY-ST-ZIP	<b>SPARKS MD 21152</b>	
TITLE	<b>EVPC</b>	<input type="checkbox"/> Delete
NAME	<b>O'RIORDAN, TOM</b>	
STREET ADDRESS	<b>14114 YORK RD</b>	
CITY-ST-ZIP	<b>SPARKS GLENCOE MD 21152</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>VERDI, ALBERTO</b>	
STREET ADDRESS	<b>14114 YORK RD</b>	
CITY-ST-ZIP	<b>SPARKS MD 21152</b>	
TITLE	<b>CVP</b>	<input type="checkbox"/> Delete
NAME	<b>NOLAND, SHARON</b>	
STREET ADDRESS	<b>14114 YORK ROAD</b>	
CITY-ST-ZIP	<b>SPARKS MD 21152</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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: **SIGNATURE REQUIRED** *Tom O'Riordan* **1.21.02 410.773.3830**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED AT

CR2E034 (9/01)