

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED** *1 cel 3*  
03 JUN -6 PM 5:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** F94000004656  
1. Entity Name  
FILA TRADING, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 1 Fila Way Suite, Apt. #, etc.	3. Mailing Address PO Box 3000 Suite, Apt. #, etc.
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City & State SPARKS MD	City & State Sparks MD	4. FEI Number 52-1876390	Applied For Not Applicable
Zip 21152	Country USA	Zip 21152-3000	Country USA

**DO NOT WRITE IN THIS SPACE**

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

7. Name and Address of Current Registered Agent

Name  
Corporation Service Company  
Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street  
City  
Tallahassee FL Zip Code  
32301

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 \_\_\_\_\_

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	See Attached List	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Rosemary B. Carpenter* (6/5/03) (410) 773-3000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

FILA TRADING  
OFFICER/DIRECTOR LIST

*2013*

NAME	TITLE	BUSINESS ADDRESS
Marco Isaia	Chairman of the Board/Director	Viale Cesare Battisti, 26 Biella (VC) Italy 13051
Jon Epstein	CEO/President/Director	One Fila Way Sparks, MD 21152-3000
Tom O'Riordan	Exec. VP / COO / Director	One Fila Way Sparks, MD 21152-3000
Rosemary G. Carpenter	VP/Secretary	One Fila Way Sparks, MD 21152-3000
Sharon Noland	V-P-Administration/Controller/Treasurer	One Fila Way Sparks, MD 21152-3000
Barry Fishel	VP Strategic and Financial Planning	One Fila Way Sparks, MD 21152-3000
Carmen Picart Krichton	Assistant Secretary	One Fila Way Sparks, MD 21152-3000



CORPORATION SERVICE COMPANY™

3aB

ACCOUNT NO. : 072100000032

REFERENCE : 118964 7214493

AUTHORIZATION : *Patricia Pizuto*

COST LIMIT : \$ 576.25

ORDER DATE : June 4, 2003

ORDER TIME : 1:35 PM

ORDER NO. : 118964-005

CUSTOMER NO: 7214493

CUSTOMER: Ms. Carmen Picart-krichton  
Fila U.s.a., Inc.  
1 Fila Way  
P.o. Box 3000  
Sparks Glencoe, MD 21152

ANNUAL REPORT FILING

NAME: FILA TRADING INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING (3)

CONTACT PERSON: Darlene Ward - Ext. 1135

EXAMINER'S INITIALS: \_\_\_\_\_

*[Handwritten signature]*

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03 JUN - 6 PM 3:40  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA