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Jan 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000001717 (6)

1. Corporation Name

SPORTING GOODS MANUFACTURERS ASSOCIATION, INCORPORATED



Principal Place of Business

Mailing Address

200 CASTLEWOOD DR.  
NORTH PALM BEACH FL 33408-5696

200 CASTLEWOOD DR.  
NORTH PALM BEACH FL 33408-5604

3. Date Incorporated or Qualified  
04/10/1995

3a. Date of Last Report  
03/12/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
36-0753520

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARMSTRONG, ROBERT  
200 CASTLEWOOD DR.  
NORTH PALM BEACH FL 33408-5696

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  DELETE  
NAME RIDDLE, JOHN  
STREET ADDRESS 200 CASTLEWOOD DR.  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME CARLSON, RALPH  
STREET ADDRESS 425 MEADOW ST  
CITY-ST-ZIP CHICOPEE MA

2.1 TITLE Secretary/Treasurer  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE STD  DELETE  
NAME HEGE, GREG  
STREET ADDRESS 2500 S. 25TH AVE.  
CITY-ST-ZIP BROADVIEW IL 60153

3.1 TITLE Chairman  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME EDELSON, KENNETH  
STREET ADDRESS 140 WOODBINE ST.  
CITY-ST-ZIP BERGENFIELD NJ 07621

4.1 TITLE Vice Chairman  Change  Addition  
4.2 NAME Barney Wachtel  
4.3 STREET ADDRESS Lee Street  
4.4 CITY-ST-ZIP Alexander City AL 35010

TITLE D  DELETE  
NAME CARMODY, TOM  
STREET ADDRESS 100 TECHNOLOGY CENTER  
CITY-ST-ZIP STOUGHTON MA

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE C  DELETE  
NAME NIMMONS, JULIE  
STREET ADDRESS 1200 E. UNION AVENUE  
CITY-ST-ZIP LITCHFIELD IL

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment, with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 20410000

561  
840-1100

CR2E037 (9/96)