

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

0041830

02-24-1999 90114 028 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000001717**

1. Corporation Name  
**SPORTING GOODS MANUFACTURERS ASSOCIATION, INCORPORATED**

Principal Place of Business 200 CASTLEWOOD DR. NORTH PALM BEACH FL 33408-5696	Mailing Address 200 CASTLEWOOD DR. NORTH PALM BEACH FL 33408-5696
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/10/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 36-0753520
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Country 29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDDLE, JOHN	1.2 NAME	
STREET ADDRESS	200 CASTLEWOOD DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, RALPH	2.2 NAME	
STREET ADDRESS	425 MEADOW ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICOPEE MA	2.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEGE, GREG	3.2 NAME	
STREET ADDRESS	2500 S. 25TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROADVIEW IL	3.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATCHEL, BARNEY	4.2 NAME	Doug Kelly
STREET ADDRESS	LEE STREET	4.3 STREET ADDRESS	15 Hudson Park Dr.
CITY-ST-ZIP	ALEXANDER CITY AL	4.4 CITY-ST-ZIP	Hudson, NH 03051
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMODY, TOM	5.2 NAME	Helen Rockey
STREET ADDRESS	100 TECHNOLOGY CENTER	5.3 STREET ADDRESS	11720 Nth. Creek Pkwy
CITY-ST-ZIP	STOUGHTON MA	5.4 CITY-ST-ZIP	Bothell, WA 98011-8223
TITLE	C <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIMMONS, JULIE	6.2 NAME	
STREET ADDRESS	1200 E. UNION AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LITCHFIELD IL	6.4 CITY-ST-ZIP	

14. 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 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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **REQUIRED** 1/8/99  
 \_\_\_\_\_ Date Daytime Phone #

CR2E037 (1/1/98)

# 110545-9014-28  
95000001717

**SGMA Executive Board of Trustees 98/99**

**Chairman**

Greg Hege, President  
Porter Athletic Equipment Company  
2500 South 25<sup>th</sup> Avenue  
Boradview, IL 60153-9006  
Phone: 708/338-2000 Fax: 708/338-2060

**Vice Chairman**

Doug Kelly, Pres. Sports Licensing  
Fruit of the Loom  
15 Hudson Park Drive  
Hudson NH 03051  
Ph: 603-886-1285 Ext.3090 FAX: 603-886-9296

**Secty/Treasurer**

Ralph Carlson  
Spalding Corporation  
425 Meadow Street  
Chicopee, MA 01013  
Phone: 413/539-2014 Fax: 413/539-2052

**Immediate Past Chairman**

Julie Nimmons, President  
Schutt Sports Group  
1200 East Union - P.O. Box 426  
Litchfield, IL 62056-0426  
Phone: 217/324-2712 Fax: 217/324-2855

**SAPC**

Steve Furniss, President  
Tyr Sport Inc.  
15391 Springdale Avenue  
Huntington Beach CA 92649 800 252 7878  
714-897-0799 FAX: 714-373-0903

**TIA**

Charles L. Peifer, CEO  
Prince  
One Sport System Plaza  
Bordentown, NJ 08505  
Phone: 609/291-5722 Fax: 609/291-5790

**AFA**

Helen Rockey, President  
Brooks Sports  
11720 North Creek Parkway No.  
Bothell, WA 98011-8223  
Phone: 425/489-2455 Fax: 425/483-8181