

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004332

1. Entity Name

SKECHERS U.S.A., INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90103 025 ***150.00

Principal Place of Business

Mailing Address

C/O PHILIP PACCIONE
228 MANHATTAN BEACH BOULEVARD
MANHATTAN BEACH FL 90266

C/O PHILIP PACCIONE
228 MANHATTAN BEACH BOULEVARD
MANHATTAN BEACH FL 90266-5347

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

95-4376145

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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	DCEO	<input type="checkbox"/> Delete
NAME	GREENBERG, ROBERT	
STREET ADDRESS	228 MANHATTAN BEACH BLVD.	
CITY-ST-ZIP	MANHATTAN BEACH FL 90266	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GREENBERG, MICHAEL	
STREET ADDRESS	228 MANHATTAN BEACH BLVD.	
CITY-ST-ZIP	MANHATTAN BEACH FL 90266	
TITLE	DCFO	<input type="checkbox"/> Delete
NAME	WEINBERG, DAVID	
STREET ADDRESS	228 MANHATTAN BEACH BLVD.	
CITY-ST-ZIP	MANHATTAN BEACH FL 90266	
TITLE	S	<input type="checkbox"/> Delete
NAME	PACCIONE, PHILIP	
STREET ADDRESS	228 MANHATTAN BEACH BLVD.	
CITY-ST-ZIP	MANHATTAN BEACH FL 90266	
TITLE	S	<input type="checkbox"/> Delete
NAME	QUINN, JOHN	
STREET ADDRESS	228 MANHATTAN BEACH BLVD.	
CITY-ST-ZIP	MANHATTAN BEACH FL 90266	
TITLE	D	<input type="checkbox"/> Delete
NAME	SISKIND, RICHARD	
STREET ADDRESS	228 MANHATTAN BEACH BLVD.	
CITY-ST-ZIP	MANHATTAN BEACH FL 90266	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-15-00 (310) 318-3100

CR2E034 (9/99)