

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90376 042 ***558.75

DOCUMENT # P06786

1. Entity Name
NIKE RETAIL SERVICES, INC.

Principal Place of Business
% JOHN F. COBURN III
ONE BOWERMAN DRIVE
BEAVERTON OR 97005-6453

Mailing Address
% JOHN F. COBURN III
ONE BOWERMAN DRIVE
BEAVERTON OR 97005-6453



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

93-0891124

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	CEO KNIGHT, PHILIP H ONE BOWERMAN DRIVE BEAVERTON OR 97005-6453	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STEWART, LINDSAY D ONE BOWERMAN DR BEAVERTON OR 97005-6453	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD BLAIR, DONALD W ONE BOWERMAN DR BEAVERTON OR 97005-6453	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STILWELL, MARCIA A ONE BOWERMAN DRIVE BEAVERTON OR 97005-6453	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COBURN, JOHN F III ONE BOWERMAN DRIVE BEAVERTON OR 97005-6453	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT PETERSON, DENNIS H ONE BOWERMAN DR. BEAVERTON OR 97005-6453	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Jeffrey Hirsch One Bowerman Drive Beaverton OR 97005-6453	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **REQUIRED** John F. Coburn III **6/28/02** 503.671.3167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

Attachment F

DOCUMENT # **P06786**
 1. Entity Name
NIKE RETAIL SERVICES, INC.

Principal Place of Business Mailing Address
 % JOHN F. COBURN III % JOHN F. COBURN III
 ONE BOWERMAN DRIVE ONE BOWERMAN DRIVE
 BEAVERTON OR 97005-6453 BEAVERTON OR 97005-6453

123007



DO NOT WRITE IN THIS SPACE

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 **93-0891124** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 Name
 Street Address (P.O. Box Number is Not Acceptable)
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SIGNATURE: *John F. Coburn III* John F. Coburn III 6/28/02 503.671.3167

CR2002 10/01

Attachment

#P86786

nike

Via Federal Express

26 July 2002

Florida Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Re: NIKE Retail Services, Inc. 2002 Uniform Business Report

Dear Sir or Madam:

I have enclosed the original and one copy of the 2002 Uniform Business Report for NIKE Retail Services, Inc. Also enclosed is a check in the amount of \$558.75 in payment of the filing fees and a certificate of status. Please file the Report and return a certificate of status to me via the enclosed self-addressed envelope.

If you have any questions, please contact me at 503.671.5712. Thank you for your attention to this matter.

Very truly yours,



Fran Rosemeyer
Legal Assistant

Enclosures