


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # F99000004332 1. Entity Name SKECHERS U.S.A., INC.	
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Principal Place of Business ATTN: ACCOUNTS PAYABLE 225 S. SEPULVEDA BLVD MANHATTAN BEACH, CA 90266	Mailing Address ATTN: ACCOUNTS PAYABLE 225 S. SEPULVEDA BLVD MANHATTAN BEACH, CA 90266
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02212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-4376145	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering.) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000855033 03/27/08-80034-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO GREENBERG, ROBERT 228 MANHATTAN BEACH BLVD. MANHATTAN BEACH, FL 90266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENBERG, MICHAEL 228 MANHATTAN BEACH BLVD. MANHATTAN BEACH, FL 90266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOO WEINBERG, DAVID 228 MANHATTAN BEACH BLVD. MANHATTAN BEACH, FL 90266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP PACCIONE, PHILIP 228 MANHATTAN BEACH BLVD. MANHATTAN BEACH, FL 90266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SISKIND, RICHARD 228 MANHATTAN BEACH BLVD. MANHATTAN BEACH, FL 90266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **3/4/08** **(312) 3183100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #