

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000006516

**Entity Name:** NEW BALANCE ATHLETICS, INC.

**Current Principal Place of Business:**

100 GUEST STREET  
BOSTON, MA 02135

**Current Mailing Address:**

100 GUEST STREET  
BOSTON, MA 02135 US

**FEI Number:** 04-2460172

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           EVP  
Name           WITHEE, JOHN  
Address        100 GUEST STREET  
City-State-Zip: BOSTON MA 02135

Title           C  
Name           DAVIS, JAMES S  
Address        100 GUEST STREET  
City-State-Zip: BOSTON MA 02135

Title           TREASURER  
Name           DOYLE, KEVIN  
Address        100 GUEST STREET  
City-State-Zip: BOSTON MA 02135

Title           S  
Name           GAURON, PAUL R  
Address        100 GUEST STREET  
City-State-Zip: BOSTON MA 02135

Title           CEO  
Name           PRESTON, JOSEPH  
Address        100 GUEST STREET  
City-State-Zip: BOSTON MA 02135

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KEVIN DOYLE

**TREASURER**

**04/23/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date