2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003075

Entity Name: CONVERSE INC.

Current Principal Place of Business:

1 LOVEJOY WHARF BOSTON, MA 02114

Current Mailing Address:

1 LOVEJOY WHARF BOSTON, MA 02114 US

FEI Number: 52-2296884 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC 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

FILED Apr 12, 2016

Secretary of State

CC3191730322

Officer/Director Detail:

Title	CEO, PRESIDENT, DIRECTOR	Title	CFO, VP, TREASURER, DIRECTOR
Name	CALHOUN, JAMES A JR.	Name	COUGHLIN, ZACHARY

Address 1 LOVEJOY WHARF Address 1 LOVEJOY WHARF BOSTON MA 02114 City-State-Zip: City-State-Zip: BOSTON MA 02114

Title DIR, ASST. SECRETARY Title SECRETARY, VP Name COBURN, JOHN F III PRATT, RODNEY Name Address 1 LOVEJOY WHARF Address 1 LOVEJOY WHARF BOSTON MA 02114 City-State-Zip: City-State-Zip: BOSTON MA 02114

Title ASST. TREASURER Title DIR, ASST. SECRETARY

Name MARKS, JAY Name HANSON, GRANT W

Address 1 LOVEJOY WHARF Address 1 LOVEJOY WHARF City-State-Zip: BOSTON MA 02114 City-State-Zip: BOSTON MA 02114

Title ASST SECRETARY Title ASST SECRETARY Name COYNE, JULIA VENDEN, SEAN Name 1 LOVEJOY WHARF Address 1 LOVEJOY WHARF Address

City-State-Zip: BOSTON MA 02114 City-State-Zip: BOSTON MA 02114

Continues on page 2

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.

04/12/2016 SIGNATURE: RODNEY C. PRATT **SECRETARY**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title ASST. SECRETARY
Name KESSLER, BRUCE
Address 1 LOVEJOY WHARF
City-State-Zip: BOSTON MA 02114