

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000000357

**Entity Name:** WARRIOR SPORTS, INC.

**Current Principal Place of Business:**

32125 HOLLINGSWORTH AVE.  
WARREN, MI 48092

**Current Mailing Address:**

ATTN: TAX DEPT.  
100 GUEST ST.  
BOSTON, MA 02135 US

**FEI Number:** 38-3090517

**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 C  
Name DAVIS, JAMES S  
Address 100 GUEST ST.  
City-State-Zip: BOSTON MA 02135

Title VC,VP,T  
Name WITHEE, JOHN K  
Address 100 GUEST ST.  
City-State-Zip: BOSTON MA 02135

Title PD  
Name MORROW, DAVID  
Address 32125 HOLLINGSWORTH AVE.  
City-State-Zip: WARREN MI 48092

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

Title AST  
Name DOYLE, KEVIN  
Address 100 GUEST ST.  
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**

01/16/2018

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

\_\_\_\_\_  
Date