


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90081 015 ***150.00

DOCUMENT # 842260 1. Entity Name ACUSHNET COMPANY					
Principal Place of Business 333 BRIDGE STREET FAIRHAVEN, MA 02719			Mailing Address P. O. BOX 965 FAIRHAVEN, MA 02719-0965		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02272006 Chg-P CR2E034 (11/05)	
4. FEI Number 04-2591836				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 UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAUSBERG, MARK 300 TOWER PARKWAY LINCOLNSHIRE, IL 600693640	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	520 Lake Cook Road Deerfield, IL 60015-4400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROCHE, MARK A 300 TOWER PARKWAY LINCOLNSHIRE, IL 600693640	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	520 Lake Cook Road Deerfield, IL 60015-4400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO UIHLEIN, WALTER R 333 BRIDGE ST. FAIRHAVEN, MA	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HARDY, JOHN E 333 BRIDGE ST. FAIRHAVEN, MA	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONNOR, JAMES M 333 BRIDGE STREET FAIRHAVEN, MA 02719	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVC BURKE, WILLIAM C 333 BRIDGE STREET FAIRHAVEN, MA	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					