

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 AM
Secretary of State

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**



02012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000628826
02/16/07-80032-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HAUSBERG, MARK
520 LAKE COOK RD
DEERFIELD, IL 600154400**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ROCHE, MARK A
520 LAKE COOK RD.
DEERFIELD, IL 600154400**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CCEO
UIHLEIN, WALTER R
333 BRIDGE ST.
FAIRHAVEN, MA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
HARDY, JOHN E
333 BRIDGE ST.
FAIRHAVEN, MA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CONNOR, JAMES M
333 BRIDGE STREET
FAIRHAVEN, MA 02719**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVC
BURKE, WILLIAM C
333 BRIDGE STREET
FAIRHAVEN, MA**

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #