


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 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
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DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 04-2591836	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$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
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000930922 02/25/08-80102-017 150.00
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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 UHLIN, 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:  **Asst. Secretary** **1/24/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #