FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 17 1996 8:00 am
Secretary of State

DOCUMENT # **851276** **(6)**

1. Corporation Name
STRIDE RITE CHILDREN'S GROUP, INC.

Principal Place of Business
5 CAMBRIDGE CENTER
% TAX DEPT
CAMBRIDGE MA 02142

Mailing Address
5 CAMBRIDGE CENTER
% TAX DEPT
CAMBRIDGE MA 02142

3. Date Incorporated or Qualified: 12/14/1981
3a. Date of Last Report: 04/18/1995

2. Principal Place of Business
21 191 Spring Street
Suite, Apt. #, etc.
22 PO Box 9191
City & State
23 Lexington, MA
Zip 24 02173-9191 Country 25 USA

2a. Mailing Address
26 Attn: Tax Dept.
Suite, Apt. #, etc.
27 191 Spring St, PO Box 9191
City & State
28 Lexington, MA
Zip 29 02173-9191 Country 30 USA

4. FEI Number: 04-2491044 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Signature (typed or printed name of registered agent and title if applicable) By Title (Registered Agent signature requires, when applicable) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DELETE
P ~~SHTMAN, MARGARET C~~ ~~5 CAMBRIDGE CTR~~ ~~CAMBRIDGE MA~~	☐
T KELLIHER, JOHN M ~~5 CAMBRIDGE CTR~~ ~~CAMRIDGE MA~~	☐
D SIEGEL, ROBERT C ~~5 CAMBRIDGE CTR~~ ~~CAMBRIDGE MA~~	☐
S CRIDER, KAREN K ~~5 CAMBRIDGE CTR~~ ~~CAMBRIDGE MA~~	☐
	☐
	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		Change	Addition
1.1 TITLE		XX	☐
1.2 NAME	Sullivan, Diane M.		
1.3 STREET ADDRESS	191 Spring Street, PO Box 9191		
1.4 CITY-ST-ZIP	Lexington, MA 02173-9191		
2.1 TITLE		XX	☐
2.2 NAME			
2.3 STREET ADDRESS	191 Spring Street, PO Box 9191		
2.4 CITY-ST-ZIP	Lexington, MA 02173-9191		
3.1 TITLE		XX	☐
3.2 NAME			
3.3 STREET ADDRESS	191 Spring Street, PO Box 9191		
3.4 CITY-ST-ZIP	Lexington, MA 02173-9191		
4.1 TITLE		XX	☐
4.2 NAME			
4.3 STREET ADDRESS	191 Spring Street, PO Box 9191		
4.4 CITY-ST-ZIP	Lexington, MA 02173-9191		
5.1 TITLE		☐	☐
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☐	☐
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓ John Kelliher — John M. Kelliher — March 22, 1996 — (617) 824-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #