

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90108 021 ***150.00

DOCUMENT # 851276

1. Corporation Name

STRIDE RITE CHILDREN'S GROUP, INC.

Principal Place of Business

**191 SPRING ST
P O BOX 9191
LEXINGTON MA 02173
US**

Mailing Address

**ATTN: TAX DEPT
191 SPRING ST P O BOX 9191
LEXINGTON MA 02173-9191
US**

2. Principal Place of Business

21 191 SPRING STREET
Suite, Apt. #, etc.

22 P O BOX 9191

23 LEXINGTON, MA

24 02420-9191

2a. Mailing Address

26 191 SPRING STREET
Suite, Apt. #, etc.

27 P O BOX 9191

28 LEXINGTON, MA

29 02420-9191

3. Date Incorporated or Qualified

12/14/1981

4. FEI Number

04-2491044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **P**
NAME **RILEY, C M**
STREET ADDRESS **134C**
CITY-ST-ZIP **LEXINGTON MA**

TITLE **T**
NAME **KELLIHER, JOHN M**
STREET ADDRESS **191 SPRING ST P O BOX 9191**
CITY-ST-ZIP **LEXINGTON MA**

TITLE **D**
NAME **SIEGEL, ROBERT C**
STREET ADDRESS **191 SPRINGS ST P O BOX 9191**
CITY-ST-ZIP **LEXINGTON MA**

TITLE **S**
NAME **CRIDER, KAREN K**
STREET ADDRESS **191 SPRING ST P O BOX 9191**
CITY-ST-ZIP **LEXINGTON MA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE **D/C**
1.2 NAME **JAMES A. ESKRIDGE**
1.3 STREET ADDRESS **191 SPRING STREET**
1.4 CITY-ST-ZIP **LEXINGTON, MA 02420-9191**

2.1 TITLE **P**
2.2 NAME **RILEY, C M**
2.3 STREET ADDRESS **191 SPRING STREET**
2.4 CITY-ST-ZIP **LEXINGTON, MA 02420-9191**

3.1 TITLE **S**
3.2 NAME **WILLIAM V. BUCCELLA**
3.3 STREET ADDRESS **191 SPRING STREET**
3.4 CITY-ST-ZIP **LEXINGTON, MA 02420-9191**

4.1 TITLE **T**
4.2 NAME **KELLIHER, JOHN M**
4.3 STREET ADDRESS **191 SPRING STREET**
4.4 CITY-ST-ZIP **LEXINGTON, MA 02420-9191**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

JOHN M KELLIHER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(617) 824-6000
Daytime Phone #

CR2E034 (11/98)