


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 851276	
1. Entity Name STRIDE RITE CHILDREN'S GROUP, INC.	

Principal Place of Business 191 SPRING ST P O BOX 9191 LEXINGTON, MA 02420-9191 US	Mailing Address 191 SPRING ST P O BOX 9191 LEXINGTON, MA 02420-9191 US
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03312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-2491044	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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000108542 04/12/04-80007-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALKOVITZ, PAMELA J 191 SPRING ST LEXINGTON, MA 02420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CHAMBERLAIN, DAVID M 191 SPRING ST LEXINGTON, MA 02420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REDEPENNING, CHARLES W JR. 191 SPRING ST LEXINGTON, MA 02420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, GORDON W JR 191 SPRING STREET LEXINGTON, MA 02420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 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:  **GORDON W. JOHNSON, TREASURER** **4/6/04** **617-824-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #