

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 851276

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: STRIDE RITE CHILDREN'S GROUP, INC.

## Current Principal Place of Business:

191 SPRING ST  
LEXINGTON, MA 024209191 US

## New Principal Place of Business:

## Current Mailing Address:

191 SPRING ST  
P.O. BOX 9191  
LEXINGTON, MA 024209191 US

## New Mailing Address:

FEI Number: 04-2491044      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SALKOVITZ, PAMELA J  
Address: 191 SPRING ST  
City-St-Zip: LEXINGTON, MA 02420

Title: D ( ) Delete  
Name: PORZIG, ULLRICH  
Address: 1512 FOXFIRE DRIVE  
City-St-Zip: LAWRENCE, KS 66041

Title: S ( ) Delete  
Name: MASSEY, MICHAEL J  
Address: 4319 AYLESBURY ROAD  
City-St-Zip: TOPEKA, KS 66610

Title: VP ( ) Delete  
Name: CARUSO, FRANK  
Address: 191 SPRING STREET  
City-St-Zip: LEXINGTON, MA 02420

Title: VP ( ) Delete  
Name: LUKS, JAMES  
Address: 191 SPRING STREET  
City-St-Zip: LEXINGTON, MA 02420

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: TREFF, DOUGLAS  
Address: 3231 SE SIXTH AVENUE  
City-St-Zip: TOPEKA, KS 66607

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T ( ) Change (X) Addition  
Name: MADSEN, GARY  
Address: 3231 SE SIXTH AVE  
City-St-Zip: TOPEDA, KS 66607

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES LUKS

VP

04/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date