

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
DOCUMENT #

1. Corporation Name

Umbro International, Inc.

Principal Place of Business

Mailing Address

South Carolina

200 Brozinni Court
Greenville, SC 29615**FILED**

99 SEP 16 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900002989259--4

-03/17/99--01002--012

***\$550.00 ***\$550.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

February 3, 1983

4. FBI Number

57-0279843

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$8.00 May Be
Added to Fees7. This corporation owes the current year intangible
Personal Property Tax.☐ Yes☐ No

9. Name and Address of Current Registered Agent

CT Corp Systems
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

98

Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1809, 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 607.0609, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent Signature Required When Relinquishing)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.2 NAME

STREET ADDRESS

CITY-ST-ZIP

1.3 NAME

STREET ADDRESS

CITY-ST-ZIP

1.4 NAME

STREET ADDRESS

CITY-ST-ZIP

1.5 NAME

STREET ADDRESS

CITY-ST-ZIP

1.6 NAME

STREET ADDRESS

CITY-ST-ZIP

1.7 NAME

STREET ADDRESS

CITY-ST-ZIP

1.8 NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.2 NAME

STREET ADDRESS

CITY-ST-ZIP

1.3 NAME

STREET ADDRESS

CITY-ST-ZIP

1.4 NAME

STREET ADDRESS

CITY-ST-ZIP

1.5 NAME

STREET ADDRESS

CITY-ST-ZIP

1.6 NAME

STREET ADDRESS

CITY-ST-ZIP

1.7 NAME

STREET ADDRESS

CITY-ST-ZIP

1.8 NAME

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the assumption stated in Section 118.07(3)(b), 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:

Eugene E. Stone, IV

9/15/99

Date

Deputy Phone