

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002799

1. Entity Name
BIKE ATHLETIC COMPANY



Principal Place of Business
2801 RED DOG DRIVE
KNOXVILLE TN 37901-0666

Mailing Address
P O BOX 15005
KNOXVILLE TN 37901-0666

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90310 040 ***150.00



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 62-1290156

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES INC
526 E. PARK AVE
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME FERGUSON, VINCENT L
STREET ADDRESS 2801 RED DOG DRIVE
CITY-ST-ZIP KNOXVILLE TN 37901-0666 ☒ Delete

TITLE President
NAME Paul Gross
STREET ADDRESS 2801 Red Dog Drive
CITY-ST-ZIP Knoxville TN 37901-0666 ☐ Change ☒ Addition

TITLE V
NAME CORBETT, JAMES R
STREET ADDRESS 2801 RED DOG DRIVE
CITY-ST-ZIP KNOXVILLE TN 37901-0666 ☒ Delete

TITLE Vice President
NAME Thomas P. Johnson
STREET ADDRESS 2801 Red Dog Drive
CITY-ST-ZIP Knoxville TN 37901-0666 ☐ Change ☒ Addition

TITLE VS
NAME RUXIN, ROBERT H
STREET ADDRESS 676 ELM STREET
CITY-ST-ZIP CONCORD MA 01742 ☒ Delete

TITLE Controller
NAME Edward C. Byrd
STREET ADDRESS 2801 Red Dog Drive
CITY-ST-ZIP Knoxville TN 37901-0666 ☐ Change ☒ Addition

TITLE VCFO
NAME GARDNER, M. DONALD JR
STREET ADDRESS 676 ELM STREET
CITY-ST-ZIP CONCORD MA 01742 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE CD
NAME KAZMAIER, RICHARD W JR.
STREET ADDRESS 24 DOCKSIDE LANE PMB 29
CITY-ST-ZIP KEY LARGO FL 33037 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME COHEN, PHILLIP L
STREET ADDRESS 79 OCEAN AVENUE
CITY-ST-ZIP SWAMPSCOTT MA 01907 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Signature* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/03 (865) 546-4703

Date Daytime Phone #

CR2E034 (10/02)