

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2007 8:00 am
Secretary of State

08-02-2007 90013 006 ***558.75

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1. Entity Name
MACGREGOR GOLF (NORTH AMERICA) INC.



Principal Place of Business
101 S. ELLSWORTH AVENUE
SUITE 402
SAN MATEO, CA 94401

Mailing Address
101 S. ELLSWORTH AVENUE
SUITE 402
SAN MATEO, CA 94401

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07112007

Chg-P

CR2E034 (12/06)

4. FEI Number
58-2285422

Applied For
Not Applicable

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

UCC FILING AND SEARCH SERVICES, INC.
1574 VILLAGE SQUARE BLVD.
SUITE 100
TALLAHASSEE, FL 32309

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 \$550.00
Due by September 14, 2007

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
NAME
STREET ADDRESS
CITY - ST - ZIP
CCEO
SCHNEIDER, BARRY L
101 S. ELLSWORTH AVENUE
SAN MATEO, CA 94401 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SCFO
FRANK, CHARLES A
101 S. ELLSWORTH AVENUE
SAN MATEO, CA 94401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
Frank, Charles A. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CFO
Lingenfelter, Mark
1000 Pecan Grove Drive
Albany, GA 31701 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

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CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Mark Lingenfelter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK LINGENFELTER

C.F.O.

7/17/07

Date

(229) 420-7026

Daytime Phone #