2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State
02-24-2006 90009 016 ***150.00

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1. Entity Name
RAWLINGS SPORTING GOODS COMPANY, INC.

Principal Place of Business	Mailing Address
510 MARYVILLE UNIVERSITY DR. SUITE 110 ST LOUIS, MO 63141	~~510 MARYVILLE UNIVERSITY DR.~~ ~~SUITE 110~~ ~~ST LOUIS, MO 63141~~

01092006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	5818 El Camino Real Suite, Apt. #, etc.
City & State	City & State: Carlsbad, CA
Zip / Country	Zip: 92008 / Country: U.S.

4. FEI Number: 43-1674348 ☐ 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
CT CORPORATION 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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, 2006 Fee will be $550.00

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	CEO PARISH, ROBERT 5818 EL CAMINO REAL CARLSBAD, CA 92008	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPGC BAIER, MONTE 5818 EL CAMINO REAL CARLSBAD, CA 92008	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SRVP MENDENBALL, DUDLEY W 5818 EL CAMINO REAL CARLSBAD, CA 92008	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SATODA, DAVID 5818 EL CAMINO REAL CARLSBAD, CA 92008	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CRAWFORD, DIANA 5818 EL CAMINO REAL CARLSBAD, CA 92008	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary BAIER, MONTE 5818 El Camino Real Carlsbad, CA 92008	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP THOMPSON, J. MICHAEL 5818 EL CAMINO REAL CARLSBAD, CA 92008	☐ 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 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: [signature] DAVID SATODA 1/26/06 760-494-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #