2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007
Secretary of State

DOCUMENT# F95000000910

Entity Name: RAWLINGS SPORTING GOODS COMPANY, INC.

Current Principal Place of Business:

510 MARYVILLE UNIVERSITY DR.
SUITE 110
ST LOUIS, MO 63141

New Principal Place of Business:

5818 EL CAMINO REAL
CARLSBAD, CA 92008

Current Mailing Address:

5818 EL CAMINO REAL
CARLSBAD, CA 92008

New Mailing Address:

FEI Number: 43-1674348 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION
1200 SOUTH 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: CEO ( ) Delete
Name: PARISH, ROBERT
Address: 5818 EL CAMINO REAL
City-St-Zip: CARLSBAD, CA 92008

Title: VPGC ( ) Delete
Name: BAIER, MONTE
Address: 5818 EL CAMINO REAL
City-St-Zip: CARLSBAD, CA 92008

Title: SRVP ( ) Delete
Name: MENDENBALL, DUDLEY W
Address: 5818 EL CAMINO REAL
City-St-Zip: CARLSBAD, CA 92008

Title: VP ( ) Delete
Name: SATODA, DAVID
Address: 5818 EL CAMINO REAL
City-St-Zip: CARLSBAD, CA 92008

Title: S ( ) Delete
Name: MONTE, BAIER
Address: 5818 EL CAMINO REAL
City-St-Zip: CARLSBAD, CA 92008

Title: VP ( ) Delete
Name: THOMPSON, J. MICHAEL
Address: 5818 EL CAMINO REAL
City-St-Zip: CARLSBAD, CA 92008

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: MERCK, WAYNE J
Address: 5818 EL CAMINO REAL
City-St-Zip: CARLSBAD, CA 92008

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID Y. SATODA VP 02/08/2007

Electronic Signature of Signing Officer or Director — Date