

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90040 021 ***150.00

DOCUMENT # F-960000000084 ✓					
1. Entity Name Callaway Golf Sales Company					
Principal Place of Business 2285 Rutherford Road Carlsbad, CA 92008			Mailing Address 2285 Rutherford Road Carlsbad, CA 92008		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 33-0533992	
				☐ 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		
NRAI Services, Inc. 526 East Park Avenue 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.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		
			10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
11. OFFICERS AND DIRECTORS					
TITLE	☐ Delete	TITLE	☐ Change ☒ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☒ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
13. 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 11 or Block 12 unchanged, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Anne Marie Oldham</u> Anne Marie Oldham, Asst. Sec. 4/27/00 (760) 931-1771 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2004 (9/99)