

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000000084

1. Entity Name

CALLAWAY GOLF SALES COMPANY



Principal Place of Business

**2180 RUTHERFORD RD
CARLSBAD, CA 92008 US**

Mailing Address

**2180 RUTHERFORD RD
CARLSBAD, CA 92008 US**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-0533922

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALL., FL 32301**

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IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME URZETTA, JOSEPH
STREET ADDRESS 2180 RUTHERFORD RD
CITY-ST-ZIP CARLSBAD, CA 92008

TITLE VD
NAME HOLIDAY, BRADLEY J
STREET ADDRESS 2180 RUTHERFORD RD
CITY-ST-ZIP CARLSBAD, CA 92008

TITLE VSD
NAME MCCracken, STEVEN C
STREET ADDRESS 2180 RUTHERFORD RD
CITY-ST-ZIP CARLSBAD, CA 92008

TITLE CCED
NAME DRAPEAU, RONALD A
STREET ADDRESS 2180 RUTHERFORD RD
CITY-ST-ZIP CARLSBAD, CA 92008

TITLE D
NAME HUTIN, PATRICE
STREET ADDRESS 2180 RUTHERFORD RD
CITY-ST-ZIP CARLSBAD, CA 92008

TITLE AS
NAME OLDHAM, ANNE M
STREET ADDRESS 2180 RUTHERFORD RD
CITY-ST-ZIP CARLSBAD, CA 92008

000000012185
01/23/04-30068-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Julie M. Maloy

**Julie M. Maloy,
Chief Tax Officer**

1/12/04

(760) 931-1771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #