

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005025

FILED
Feb 05, 2007
Secretary of State

Entity Name: ADIDAS PROMOTIONAL RETAIL OPERATIONS, INC.

Current Principal Place of Business:

5055 N. GREELEY AV
PORTLAND, OR 97217 US

New Principal Place of Business:

Current Mailing Address:

5055 N. GREELEY AV
PORTLAND, OR 97217 US

New Mailing Address:

FEI Number: 93-1114590 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
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: CD () Delete
Name: STAMMINGER, ERICH
Address: 5055 N. GREELEY AV
City-St-Zip: PORTLAND, OR 97217

Title: CFO () Delete
Name: SCHMIDTMANN, BRANDT
Address: 5055 N GREELEY AV
City-St-Zip: PORTLAND, OR 97217

Title: S () Delete
Name: EHRLICH, PAUL
Address: 5055 N GREELEY AV
City-St-Zip: PORTLAND, OR 97217

Title: TO () Delete
Name: CARVELL, CHUCK
Address: 5055 N. GREELEY AV.
City-St-Zip: PORTLAND, OR 97217

Title: P () Delete
Name: LANGSTAFF, ROBERT
Address: 5055 N. GREELEY AV.
City-St-Zip: PORTLAND, OR 97217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: TO (X) Change () Addition
Name: MCGUIRE, JIM
Address: 5055 N. GREELEY AV.
City-St-Zip: PORTLAND, OR 97217

Title: P (X) Change () Addition
Name: NILSSON, PATRIK
Address: 5055 N. GREELEY AV.
City-St-Zip: PORTLAND, OR 97217

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: CELIA L. MOORE

PARA

02/05/2007

Electronic Signature of Signing Officer or Director

_____ Date