| (Requestor's Name)                      |
|-----------------------------------------|
|                                         |
| (Address)                               |
|                                         |
| (Address)                               |
|                                         |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
|                                         |
| Certified Copies Certificates of Status |
|                                         |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO: Amendment Section Division of Corporations                            |  |  |  |  |  |
|---------------------------------------------------------------------------|--|--|--|--|--|
| SUBJECT: adidas Promotional Retail Operations, Inc.                       |  |  |  |  |  |
| (Name of Corporation)                                                     |  |  |  |  |  |
| DOCUMENT NUMBER: F97000005052                                             |  |  |  |  |  |
| The enclosed withdrawal application and fee are submitted for filing.     |  |  |  |  |  |
| Please return all correspondence concerning this matter to the following: |  |  |  |  |  |
| Nancy Miller                                                              |  |  |  |  |  |
| (Name of Person)                                                          |  |  |  |  |  |
| Davis Wright Tremaine LLP                                                 |  |  |  |  |  |
| (Firm/Company)                                                            |  |  |  |  |  |
| 1300 SW Fifth Avenue, Suite 2300                                          |  |  |  |  |  |
| (Address)                                                                 |  |  |  |  |  |
| Portland, OR 97201                                                        |  |  |  |  |  |
| (City/State and Zip code)                                                 |  |  |  |  |  |
| For further information concerning this matter, please call:              |  |  |  |  |  |
| Kristin Terry <sub>at (</sub> 503 <sub>)</sub> 778-5425                   |  |  |  |  |  |
| (Name of Person) (Area Code & Daytime Telephone Number)                   |  |  |  |  |  |
| MAILING ADDRESS: Amendment Section  STREET ADDRESS: Amendment Section     |  |  |  |  |  |

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

(Name of Corporation)

adidas Promotional Retail Operations, Inc.

| F9700005052                                                                                                                                                                                              |                           |                       | 2018 JI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (74.4) a         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| (Document Number of Corporation                                                                                                                                                                          | on (if known)             | Signal Signal         | THE NATIONAL PROPERTY OF THE P | ZING WATE        |
| Oregon                                                                                                                                                                                                   |                           |                       | P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |
| (Incorporated Under Law                                                                                                                                                                                  | s of)                     |                       | 1: 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Carlotte Control |
| This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting                                                                 |                           | of Flor               | ida an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | d hereby         |
| This corporation revokes the authority of its registered agent is appoints the Department of State as its agent for service of procestime it was authorized to transact business or conduct affairs in F | ss based on a cause of ac |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
| The following is a current mailing address for the corporation:                                                                                                                                          |                           |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
| 5055 N. Greeley Ave.                                                                                                                                                                                     |                           |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
| (Mailing Address)                                                                                                                                                                                        |                           |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
| Portland, OR 97217                                                                                                                                                                                       |                           |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
| (City/ State /Zip)                                                                                                                                                                                       |                           |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
| The corporation agrees to notify the Department of State in the fu                                                                                                                                       |                           | s mailin <sub>l</sub> | g addr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ess.             |
| (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)                                                              | May 4, 2010 (Date         | e)                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>      |
| Paul Ehrlich (Typed or printed name of person signing)                                                                                                                                                   | Secretary                 | rson signir           | ng)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |
| (1) pad of printed name of paraon algund)                                                                                                                                                                | (Title of per             | John Signin           | ·6/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |