F99000004377

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations	
SUBJECT: Puma North America, Inc.	
(Name of corporation - must include suffix)	
600	1002963786 <u>-</u> -9
Dear Sir or Madam:	-08/19/9901011001 *****70.00 *****70.00
···	
The enclosed "Application by Foreign Corporation for Authorization to Transact Bus "Certificate of Existence", and check are submitted to register the above referenced to transact business in Florida.	siness in Florida", Foreign corporation
Please return all correspondence concerning this matter to the following:	
Bacca Cil	
(Name of Person)	
Puma North America, Ir	<u>ገ</u> ሮ
(Firm/Company)	<u></u>
5 Luberty Way	9 8
(Address)	
Westford, MA 01886	
(City/State/Zip)	
•	<u> </u>
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Should you need to call someone concerning this matter, please call:	<u> </u>
Tammy Bernard at (800) 782-7862	X 1030 7 5
(Name of Person) (Area Code & Daytime Telephone N	lumber)
	mh
	~ 1
STREET ADDRESS: MAILING ADDRESS:	8/24
Qualification/Tax Lien Section Qualification/Tax Lien Section	tion
Division of Corporations Division of Corporations	
409 E. Gaines St. P.O. Box 6327	
Tallahassee, FL 32399 Tallahassee, FL 32314	
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\Box\$ \$78.75 Filing Fee & \$\Box\$ \$78.75 Filing Fee & \$\Box\$	\$87.50 Filing Fee,
Certificate of Status Certified Copy	Certificate of Status &
	Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	
1. Puma North America, Inc.	
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)	
2. Delawale 3. 04-3280787 (State or country under the law of which it is incorporated) (FEI number, if applicable)	
. \ \\\ \\\ \\\ \\\ \\\ \\ \\ \\ \\ \\ \	
4. (2) 21 195 (Date of incorporation) 5. Yel Detroi (Duration: Year corp. will cease to exist or "perpetual")	
(Duranton: Tear corp. with cease to existor perpetuar)	
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
7. 5 Lyberty Way	화해 교육
	स्तरम् । सन्दर्भक
8. <u>retail sales of footwear 4 apparel.</u> (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	. 함께 - 구역 - 구역
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
Name: Leslie Feltinton	
Office Address: 1026B East Michigan St.	
Orlando, Florida, 32806 (Zip code)	
10. Registered agent's acceptance:	
Having been named as registered agent and to accept service of process for the above stated corporation at the place designate this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to compain with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and at the obligations of my position as degistered agent. (Registered agent's signature)	ni.
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the lawhich it is incorporated.	w of

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)			
Chairman: Jochen Zeitz			٠
Address: 164 Beacon St.			
Boston, MA 02116	 •		-
Vice Chairman: Martin Ganster			Na
Address: Wurzburger Strasse 13, P.D. Box 1420			an i si si si si di
	····		
Director:			W 787 TE
Address:			
	<u>6</u>	= 6	Land L. Augustyn L. 1917
Director:	<u> </u>		
Address:	<u> </u>		·
	79.	=======================================	
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	<u> </u>		-
President: James T. Gorman	7	Sim Si	•
Address: 3 Bridgeton Way			
Hopkinton, MA 01748			
Vice President: Jay J. Piccola		 ,	
Address: 24 Riddle Drive	<u>-</u>		
Bedford, NH 03110			
Secretary: Mats Gustatsson			
Address: 96 Haven St.			
Dedhan, MA 02026			
Treasurer:			
Address:		· ·-	77 - 77 - 7 <u>7</u>
			No.
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.			
13. Mas gnother.			·
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. Mats Gustoffson Chief Operation Cofficer			-
14. <u>Mats Gustatsson Chief Operation Officer</u> (Typed or printed name and capacity of person signing application)	_		

State of Delaware Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PUMA NORTH AMERICA, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF JULY, A.D.

1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES

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Edward J. Freel, Secretary of State

AUTHENTICATION:

9855456

07-09-99

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DATE: