

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90029 026 ***150.00

DOCUMENT # F99000004377

1. Entity Name
PUMA NORTH AMERICA, INC.

Principal Place of Business LYBERTY WAY WESTFORD MA 01886	Mailing Address 5 LYBERTY WAY WESTFORD MA 01886-3617
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	4. FEI Number 04-3280787	Applied For <input type="checkbox"/> Not Applicable
Country	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FELTINTON, LESLIE 1026B EAST MICHIGAN ST. ORLANDO FL 32806	7. Name and Address of New Registered Agent Name Feltinton, Leslie Street Address (P.O. Box Number is Not Acceptable) 1515 South Eola Drive City Orlando FL Zip Code 32806
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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 <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete GORMAN, JAMES T	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3 BRIDGETON WAY	NAME	
STREET ADDRESS	HOPKINTON MA	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	General Manager
TITLE V	<input type="checkbox"/> Delete PICCOLA, JAY J	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	24 RIDDLE DRIVE	NAME	
STREET ADDRESS	BEDFORD NH	STREET ADDRESS	Chief Financial Officer
CITY-ST-ZIP		CITY-ST-ZIP	Michael Laemmermann
TITLE S	<input checked="" type="checkbox"/> Delete GUSTAFSSON, MATS	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	96 HAVEN ST	NAME	20 Monroe Place
STREET ADDRESS	DEDHAM MA	STREET ADDRESS	Concord, MA 01742
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE CD	<input type="checkbox"/> Delete ZEITZ, JOCHEN	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	164 BEACON ST	NAME	
STREET ADDRESS	BOSTON MA	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> Delete GANSLER, MARTIN	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WURZBURGER STRASSE 13	NAME	
STREET ADDRESS	D-91072 GERMANY	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **2/18/00** **978-698-1040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)