## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 26, 2002 8:00 am DOCUMENT # F99000004377 Secretary of State 1. Entity Name 02-26-2002 90075 037 \*\*\*150 00 PUMA NORTH AMERICA, INC. Mailing Address Principal Place of Business 5 LYBERTY WAY **5 LYBERTY WAY** WESTFORD MA 01886 WESTFORD MA 01886 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 04-3280787 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FELTINTON, LESLIE Street Address (P.O. Box Number is Not Acceptable) 1515 SOUTH EOLA DRIVE ORLANDO FL 32806 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 CR2E034 (9/01) Change Addition President TITLE ☐ Delete TITLE Piccola, Jay 24 Riddle Drive PICCOLA, JAY J NAME NAME 24 RIDDLE DRIVE STREET ADDRESS STREET ADDRESS 03110 CITY-ST-ZIP CITY-ST-ZIP BEDFORD NH Bedford, NH CFO ☐ Addition ☐ Delete TITLE CFO TITLE Laemmermann, Michael LAEMMERMANN, MICHAEL NAME NAME 20 Monroe Place STREET ADDRESS STREET ADDRESS 20 MONROE LAEMMERMANN Concord, MA 01742 CITY-ST-ZIP~ CITY-ST-7/P CONCORD MA 01742 Chairman ☐ Addition TITLE TITLE ☐ Delete CD zeitz, Jochen ZEITZ, JOCHEN NAME NAME 164 Beacan Street STREET ADDRESS STREET ADDRESS 164 BEACON ST CITY-ST-ZIP Boston, MA CITY-ST-ZIP **BOSTON MA** Change ☐ Addition Sccretary ☐ Delete TITLE TITLE Mastrostefano, Peter NAME NAME MASTROSTEFANO, PETER 5 LYBERTY WAY STREET ADDRESS 5 WEAV STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTFORD MA 01886 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 of 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

SIGNATURE:

CITY-ST-ZIP

Peter 1. Mastroste Karro

FILED