


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000004377

1. Entity Name
PUMA NORTH AMERICA, INC.



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



03212006 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3280787	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PICCOLA, JAY J 24 RIDDLE DRIVE BEDFORD, NH 03110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LAEMMERMANN, MICHAEL 20 MONROE PLACE CONCORD, MA 01742
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ZEITZ, JOCHEN 164 BEACON ST BOSTON, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MASTROSTEFANO, PETER 5 LYBERTY WAY WESTFORD, MA 01886
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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100000480775
 04/11/06 80005-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Laemmermann, CFO **3/21/06** **(978) 678-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #