

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2007 08:00 AM
Secretary of State



DOCUMENT # F99000004377
1. Entity Name
PUMA NORTH AMERICA, INC.

Principal Place of Business Mailing Address
5 LYBERTY WAY **5 LYBERTY WAY**
WESTFORD, MA 01886 **WESTFORD, MA 01886**



01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
04-3280787 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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. 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, 2007 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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02/02/07-80042-018 150.00

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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* Michael Laemmermann 01/19/07 978-698-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #