2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004377

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

WESTFORD, MA 01886

MASTROSTEFANO, PETER

WESTFORD, MA 01886

5 LYBERTY WAY

() Delete

Entity Name: PUMA NORTH AMERICA, INC.

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5 LYBERTY WAY 10 LYBERTY WAY WESTFORD, MA 01886 WESTFORD, MA 01886 **Current Mailing Address: New Mailing Address: 5 LYBERTY WAY** 10 LYBERTY WAY WESTFORD, MA 01886 WESTFORD, MA 01886 FEI Number: 04-3280787 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition PICCOLA, JAY J PICCOLA, JAY J Name: Name: **5 LYBERTY WAY** 10 LYBERTY WAY Address: Address: City-St-Zip: WESTFORD, MA 01886 City-St-Zip: WESTFORD, MA 01886 Title: (X) Change () Addition Title: () Delete LAEMMERMANN, MICHAEL Name: Name: LAEMMERMANN, MICHAEL **5 LYBERTY WAY** 10 LYBERTY WAY Address: Address: WESTFORD, MA 01886 WESTFORD, MA 01886 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition () Delete ZEITZ, JOCHEN ZEITZ, JOCHEN Name: Name: **5 LYBERTY WAY** 10 LYBERTY WAY Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

WESTFORD, MA 01886

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10 LYBERTY WAY

MASTROSTEFANO, PETER

(X) Change () Addition

SIGNATURE: MICHAEL LAEMMERMANN **CFO** 03/19/2009