

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004377

FILED  
Mar 31, 2010  
Secretary of State

Entity Name: PUMA NORTH AMERICA, INC.

**Current Principal Place of Business:**

10 LYBERTY WAY  
WESTFORD, MA 01886

**New Principal Place of Business:**

**Current Mailing Address:**

10 LYBERTY WAY  
WESTFORD, MA 01886

**New Mailing Address:**

FEI Number: 04-3280787      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

Title: P  
Name: PICCOLA, JAY J  
Address: 10 LYBERTY WAY  
City-St-Zip: WESTFORD, MA 01886

Title: CFO  
Name: GAUTIER, PHILIPPE  
Address: 10 LYBERTY WAY  
City-St-Zip: WESTFORD, MA 01886

Title: C  
Name: ZEITZ, JOCHEN  
Address: 10 LYBERTY WAY  
City-St-Zip: WESTFORD, MA 01886

Title: S  
Name: MASTROSTEFANO, PETER  
Address: 10 LYBERTY WAY  
City-St-Zip: WESTFORD, MA 01886

Title: DIR  
Name: LAEMMERMANN, MICHAEL  
Address: 10 LYBERTY WAY  
City-St-Zip: WESTFORD, MA 01886

I hereby 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 all other like empowered.

SIGNATURE: PHILIPPE GAUTIER

CFO

03/31/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date