

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90270 020 \*\*\*150.00

**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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-3280787**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FELTINTON, LESLIE  
1515 SOUTH EOLA DRIVE  
ORLANDO FL 32806**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PICCOLA, JAY J</b>	
STREET ADDRESS	<b>24 RIDDLE DRIVE</b>	
CITY-ST-ZIP	<b>BEDFORD NH 03110</b>	
TITLE	<b>CFO</b>	<input type="checkbox"/> Delete
NAME	<b>LAEMMERMANN, MICHAEL</b>	
STREET ADDRESS	<b>20 MONROE PLACE</b>	
CITY-ST-ZIP	<b>CONCORD MA 01742</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>ZEITZ, JOCHEN</b>	
STREET ADDRESS	<b>164 BEACON ST</b>	
CITY-ST-ZIP	<b>BOSTON MA</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MASTROSTEFANO, PETER</b>	
STREET ADDRESS	<b>5 LYBERTY WAY</b>	
CITY-ST-ZIP	<b>WESTFORD MA 01886</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:** SIGNATURE REQUIRED **LAEMMERMANN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # **978-648-1000**

CP2E034 (10/02)