

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 11, 2000 08:00 AM****Secretary of State****DOCUMENT # F99000004793**

1. Entity Name

NIKE TEAM SPORTS, INC.

Principal Place of Business

20001 ELLIPSE

FOOTHILL RANCH
926103001

CA

Mailing Address

20001 ELLIPSE

FOOTHILL RANCH
926103001

CA

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

22-2771235

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentC T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION
33324

US

FL

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

09/11/2000

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	AS	<input type="checkbox"/> Delete
NAME	COBURN JOHN FIII	
STREET ADDRESS	ONE BOWERMAN DRIVE	
CITY-ST-ZIP	BEAVERTON OR 970056453	

TITLE	SD	<input type="checkbox"/> Delete
NAME	STEWART LINDSAY D	
STREET ADDRESS	ONE BOWERMAN DRIVE	
CITY-ST-ZIP	BEAVERTON OR 970056453	

TITLE	VD	<input type="checkbox"/> Delete
NAME	CLARKE THOMAS E	
STREET ADDRESS	ONE BOWERMAN DRIVE	
CITY-ST-ZIP	BEAVERTON OR 970056453	

TITLE	V	<input type="checkbox"/> Delete
NAME	NICHOLS STEVE	
STREET ADDRESS	ONE BOWERMAN DRIVE	
CITY-ST-ZIP	BEAVERTON OR 970056453	

TITLE	P	<input type="checkbox"/> Delete
NAME	HAMPTON MARK	
STREET ADDRESS	ONE BOWERMAN DRIVE	
CITY-ST-ZIP	BEAVERTON OR 970056453	

TITLE	CD	<input type="checkbox"/> Delete
NAME	KNIGHT PHILLIP H	
STREET ADDRESS	ONE BOWERMAN DRIVE	
CITY-ST-ZIP	BEAVERTON OR 970056453	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John E. Coburn III

AS

09/11/2000