

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006087

FILED  
Feb 10, 2004  
Secretary of State

**Entity Name:** SAUCONY FACTORY OUTLET STORES OF FLORIDA, INC.

**Current Principal Place of Business:**

5593 FACTORY SHOPS BLVD  
ELLENTON, FL 34222

**New Principal Place of Business:**

5145 FACTORY SHOPS BLVD  
UNIT #204  
ELLENTON, FL 34222

**Current Mailing Address:**

C/O SAUCONY, INC.  
13 CENTENNIAL DRIVE  
PEABODY, MA 01960

**New Mailing Address:**

**FEI Number:** 04-3491026      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

C T 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: PST ( ) Delete  
Name: GOTTESMAN, CHARLES A  
Address: 13 CENTENNIAL DRIVE  
City-St-Zip: PEABODY, MA 01960

Title: CD ( ) Delete  
Name: GOTTESMAN, CHARLES A  
Address: 13 CENTENNIAL DRIVE  
City-St-Zip: PEABODY, MA 01960

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: AS (X) Change ( ) Addition  
Name: GOTTESMAN, CHARLES A  
Address: 13 CENTENNIAL DRIVE  
City-St-Zip: PEABODY, MA 01960

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P ( ) Change (X) Addition  
Name: FISHER, JOHN H  
Address: 30 CATLIN ROAD  
City-St-Zip: BROOKLINE, MA 02146

Title: ST ( ) Change (X) Addition  
Name: UMANA, MICHAEL  
Address: 76 OAK HILL ROAD  
City-St-Zip: NEEDHAM, MA 02492

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: JOHN H. FISHER

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02/10/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date