

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 12, 1999 8:00 am
Secretary of State

05-12-1999 90009 022 ***150.00

DOCUMENT # P02942

1. Corporation Name

SPALDING SPORTS WORLDWIDE, INC.

Principal Place of Business

601 SOUTH HARBOUR ISLAND BLVD
SUITE 200
TAMPA FL 33602-3141

Mailing Address

PO BOX 30101
TAMPA FL 33630

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1984

4. FEI Number

59-2439116

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VT ☒ DELETE
NAME KIPPHUT, MICHAEL W
STREET ADDRESS 601 SOUTH HARBOUR ISLAND BLVD
CITY-ST-ZIP TAMPA FL 33602-3141

1.1 TITLE CFO ☐ Change ☒ Addition
1.2 NAME G.W. Lewis
1.3 STREET ADDRESS 425 Meadow Street
1.4 CITY-ST-ZIP Chicopee, MA 01013

TITLE D ☐ DELETE
NAME LIPSCHULTZ, M
STREET ADDRESS 4 WEST 57TH ST, STE 4200
CITY-ST-ZIP NEW YORK NY

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME TOKARZ, M
STREET ADDRESS 9 WEST 57TH ST, STE 4200
CITY-ST-ZIP CORAL GABLES FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP New York, New York

TITLE SV ☐ DELETE
NAME ADIKES, R.K.
STREET ADDRESS 550 BILTMORE WAY 9TH FL
CITY-ST-ZIP CORAL GABLES FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 425 Meadow Street
4.4 CITY-ST-ZIP Chicopee, MA 01013

TITLE V ☒ DELETE
NAME DRYER, S.J.
STREET ADDRESS 601 SOUTH HARBOUR ISLAND BLVD
CITY-ST-ZIP TAMPA FL 33602-3141

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME S.H. Creelman
5.3 STREET ADDRESS 425 Meadow Street
5.4 CITY-ST-ZIP Chicopee, MA 01013

TITLE CEO ☒ DELETE
NAME WHITING, P. L.
STREET ADDRESS 601 SOUTH HARBOUR ISLAND BLVD
CITY-ST-ZIP TAMPA FL 33602-3141

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME P/CEO/D
6.3 STREET ADDRESS J.R. Craigie
6.4 CITY-ST-ZIP 425 Meadow Street
Chicopee, MA 01013

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)

546754-90007 22
PO2942

Spalding Sports Worldwide, Inc.

59-2439116

*Attachment to 1999 Florida Department
of State Profit Corporation Annual Report*

Additional Listing of Officers:

Title: Asst. S/Controller

Name: W.K. Breaden

Street Address: 425 Meadow Street

City-ST-Zip Chicopee, MA 01013

Title: Asst. S/Dir. of Taxation

Name: R.B. Atkinson

Street Address: 425 Meadow Street

City-ST-Zip Chicopee, MA 01013

Title: V

Name: B.J. Riccio

Street Address: 425 Meadow Street

City-ST-Zip Chicopee, MA 01013

Title: V

Name: M.J. Brisbois

Street Address: 425 Meadow Street

City-ST-Zip Chicopee, MA 01013

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Title: V
Name: R.B. Atkinson
Street Address: 425 Meadow Street
City-ST-Zip Chicopee, MA 01013

Title: V
Name: G.L. Gasperack
Street Address: 425 Meadow Street
City-ST-Zip Chicopee, MA 01013

Title: V
Name: V.F. Rist
Street Address: 425 Meadow Street
City-ST-Zip Chicopee, MA 01013

Title: V
Name: M.J. Sullivan
Street Address: 425 Meadow Street
City-ST-Zip Chicopee, MA 01013