

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 06, 2001 8:00 am**  
**Secretary of State**

06-06-2001 90006 044 \*\*\*150.00

**DOCUMENT # P02942**

1. Entity Name  
**SPALDING SPORTS WORLDWIDE, INC.**

Principal Place of Business Mailing Address  
**425 MEADOW STREET 425 MEADOW STREET**  
**CHICOPEE MA 01013 CHICOPEE MA 01013**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
 Suites, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State

4. FEI Number **59-2439116** Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CEO</b><br><b>LEWIS, G.W.</b><br><b>425 MEADOW STREET</b><br><b>CHICOPEE MA 01013</b>   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>LIPSCHULTZ, M</b><br><b>4 WEST 57TH ST, STE 4200</b><br><b>NEW YORK NY</b>  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>TOKARZ, M</b><br><b>9 WEST 57TH ST, STE 4200</b><br><b>NEW YORK NY</b>      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SV</b><br><b>ADIKES, R.K.</b><br><b>425 MEADOW STREET</b><br><b>CHICOPEE MA 01013</b>   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>CREELMAN, S.H.</b><br><b>425 MEADOW STREET</b><br><b>CHICOPEE MA 01013</b>  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PCD</b><br><b>CRAIGIE, J.R.</b><br><b>425 MEADOW STREET</b><br><b>CHICOPEE MA 01013</b> | <input type="checkbox"/> Delete            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CHAIRMAN OF BOARD OF DIRECTORS</b><br><b>EDWIN L. ARTZT</b><br><b>425 MEADOW STREET</b><br><b>CHICOPEE, MA 01013</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DIRECTOR</b><br><b>HENRY R. KRAVIS</b><br><b>9 WEST 57TH ST, SUITE 4200</b><br><b>NEW YORK, NY</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SECRETARY</b><br><b>PETER A. ARTURI</b><br><b>425 MEADOW STREET</b><br><b>CHICOPEE, MA 01013</b>                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CHIEF FINANCIAL OFFICER</b><br><b>DANIEL S. FREY</b><br><b>425 MEADOW ST.</b><br><b>CHICOPEE, MA 01013</b>           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CHIEF EXECUTIVE OFFICER</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Daniel S. Frey* **DANIEL S. FREY** Date          Daytime Phone # (413) 536-1200

CR2E034 (10/00)