

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91872 029 ***150.00

DOCUMENT # P02942

1. Entity Name
SPALDING SPORTS WORLDWIDE, INC.



Principal Place of Business
425 MEADOW STREET
CHICOPEE MA 01013

Mailing Address
425 MEADOW STREET
CHICOPEE MA 01013

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2439116

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE COBD
NAME ARTZT, EDWIN L
STREET ADDRESS 425 MEADOW STREET
CITY-ST-ZIP CHICOPEE MA 01013 ☐ Delete

TITLE D
NAME KRAVIS, HENRY R
STREET ADDRESS 9 WEST 57TH ST., SUITE 4200
CITY-ST-ZIP NEW YORK NY ☒ Delete

TITLE D
NAME TOKARZ, M
STREET ADDRESS 9 WEST 57TH ST, STE 4200
CITY-ST-ZIP NEW YORK NY ☐ Delete

TITLE S
NAME ARTURI, PETER A
STREET ADDRESS 425 MEADOW STREET
CITY-ST-ZIP CHICOPEE MA 01013 ☐ Delete

TITLE CFO
NAME FREY, DANIEL S
STREET ADDRESS 425 MEADOW STREET
CITY-ST-ZIP CHICOPEE MA 01013 ☐ Delete

TITLE CEO
NAME CRAIGIE, J.R.
STREET ADDRESS 425 MEADOW STREET
CITY-ST-ZIP CHICOPEE MA 01013 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DIRECTOR
NAME SCOTT L. GRAVES
STREET ADDRESS 333 SOUTH GRAND AVE., 28TH FLOOR
CITY-ST-ZIP LOS ANGELES, CA 90071 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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
PETER A. ARTURI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

Date

(413) 536-1200

Daytime Phone #

CR2E034 (10/02)