

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14134

Entity Name: NIKE, INC.

FILED
Jan 07, 2005
Secretary of State

Current Principal Place of Business:

ONE BOWERMAN DRIVE
BEAVERTON, OR 970056453

New Principal Place of Business:

Current Mailing Address:

ONE BOWERMAN DRIVE
C/O JOHN F. COBURN III
BEAVERTON, OR 970056453

New Mailing Address:

FEI Number: 93-0584541 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: CEOP () Delete
Name: KNIGHT, PHILIP H
Address: ONE BOWERMAN DR
City-St-Zip: BEAVERTON, OR 970056453

Title: D () Delete
Name: CLARKE, THOMAS E
Address: ONE BOWERMAN DR
City-St-Zip: BEAVERTON, OR 970056453

Title: VP () Delete
Name: GROSSMAN, MINDY
Address: ONE BOWERMAN DRIVE
City-St-Zip: BEAVERTON, OR 970056453

Title: VP () Delete
Name: DESTEFANO, GARY M
Address: ONE BOWERMAN DR
City-St-Zip: BEAVERTON, OR 970056453

Title: VP () Delete
Name: HAMILL, CLARE L
Address: ONE BOWERMAN DR
City-St-Zip: BEAVERTON, OR 970056453

Title: AS () Delete
Name: COBURN, JOHN F III
Address: ONE BOWERMAN DR
City-St-Zip: BEAVERTON, OR 970056453

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KNIGHT, PHILIP H
Address: ONE BOWERMAN DR
City-St-Zip: BEAVERTON, OR 970056453

Title: CEOP (X) Change () Addition
Name: PEREZ, WILLIAM D
Address: ONE BOWERMAN DR
City-St-Zip: BEAVERTON, OR 970056453

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

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

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

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

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 F. COBURN III

AS

01/07/2005

Electronic Signature of Signing Officer or Director

_____ Date