FILE NUVY: FILING FEE AFTEK MAT 181 18 \$330.00

Wilder To Make to PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 DOCUMENT # 1. Corporation Name Lisco, Inc. Principal Place of Business Malling Address c/o Spalding Sports Worldwide, Inc. DO NOT WRITE IN THIS SPACE 425 Meadow Street 3. Date incorporated or Qualifed Chicopee, MA 01013 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 425 Meadow Street Suite, Apt. #, etc. 425 Meadow Street Not Applicable Sutte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 8. Election Campaign Financing \$5.00 May Be 28 Chicopee, MA Country П 23 Chicopee, **Trust Fund Contribution** Added to Fees Zip Country 8. This corporation owes the current year intengible 25 IISA 29 01013 9. Name and Address of Current Registered Agent 30 USA 01013 Personal Property Tax. ☐ Yes 10. Name and Address of New Registered Agent 81 Name CT Corporation System 1200 South Pine Island 82 Street Address (P.O. Box Number is Not Acceptable) Plantation, FL 33324 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 807.1508, 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 ared Agent signature required when reinstating 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 President -TITLE Director DELETE Change 11TITLE ☐ Addition Paul L. Whiting NAME 1.2 NAME 900002988279-425 Meadow Street -09/15/99--01098--005 STREET ADORESS 1.3 STREET ADDRESS Chicopee, MA 01013 CITY-\$1-ZIP ****550.00 ****550.00 1.4 CITY-ST-ZIP TITLE V.P./Treasurer- Directof DELETE 2.1 TITLE Change Addition NAME W. Michael Kipphut 2.2 NAME STREET ADDRESS | 425 Meadow Street 23 STREET ADDRESS CITY-ST-ZIP Chicopee, MA 01013 2.4 CITY-\$T-ZIP Secretary- Director Robert K. Adikes TITLE DELETE S.1 TITLE Secretary Change Addition NAME 3.2 NAME Peter A. Arturi STREET ADDRESS 425 Meadow Street 3.3 STREET ADDRESS 425 Meadow Street CITY-ST-ZIP Chicopee, MA 01013 3.4. CITY-BT-20P Chicopee, MA 01013 TITLE DELETE Change Vice President 41 TITLE Addition NAME 4. 2 NAME Stephen J. Dryer STREET ADDRESS 425 Meadow Street 4.3 STREET ADDRESS CITY-ST-ZIP Chicopee, MA 01013 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME S 2 NAME STREET ADDRESS 8.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE ☐ DELETE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-7P 6.4 C/TY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the examption stated in Section 119.07(3)(f). 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 colorable of the receiver or trustee emnowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or an alterchapter with an everyone, with all other like empowered.

OFFICER OR DIRECTOR

SIGNATURE:

413)322

Document Number Only		
CT Corporation System	<u> </u>	
Requestor's Name 660 East Jefferson St	reet	
Address Tallahassee, FL 32301	(950)222-1002	
City State Zip	Phone	
CORPORAT	ION(S) NAME	
Lisco, Inc		
() Profit		
() NonProfit	() Amendment	() Merger
() Foreign	() Dissolution/Withdra	awal () Mark
() Limited Partnership () Reinstatement	Annual Report () Reservation	() Other ucc Filing () Change of R.A.
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