

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003075

Entity Name: CONVERSE INC.

Current Principal Place of Business:

160 N WASHINGTON STREET
BOSTON, MA 02114

Current Mailing Address:

160 N WASHINGTON STREET
BOSTON, MA 02114 US

FEI Number: 52-2296884

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

FILED
Apr 30, 2015
Secretary of State
CC9731738365

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

Officer/Director Detail :

Title CEO, PRESIDENT, DIRECTOR
Name CALHOUN, JAMES A JR.
Address 160 N WASHINGTON STREET
City-State-Zip: BOSTON MA 02114

Title CFO, VP, TREASURER, DIRECTOR
Name WOODRUFF, ROBERT W
Address 160 N WASHINGTON STREET
City-State-Zip: BOSTON MA 02114

Title SECRETARY, VP
Name PRATT, RODNEY
Address 160 N WASHINGTON STREET
City-State-Zip: BOSTON MA 02114

Title DIR, ASST. SECRETARY
Name COBURN, JOHN F III
Address 160 N WASHINGTON STREET
City-State-Zip: BOSTON MA 02114

Title DIR, ASST. SECRETARY
Name HANSON, GRANT W
Address 160 N WASHINGTON STREET
City-State-Zip: BOSTON MA 02114

Title ASST. TREASURER
Name MARKS, JAY
Address 160 N WASHINGTON STREET
City-State-Zip: BOSTON MA 02114

Title ASST. SECRETARY
Name DUGAN, MELISSA
Address 160 N WASHINGTON STREET
City-State-Zip: BOSTON MA 02114

Title ASST SECRETARY
Name VENDEN, SEAN
Address 160 N WASHINGTON STREET
City-State-Zip: BOSTON MA 02114

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I hereby 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 all other like empowered.

SIGNATURE: RODNEY PRATT

SECRETARY

04/30/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title ASST SECRETARY
Name COYNE, JULIA
Address 160 N WASHINGTON STREET
City-State-Zip: BOSTON MA 02114