

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000001514

**Entity Name:** ADIDAS AMERICA, INC.**Current Principal Place of Business:**5055 N GREELEY AVENUE  
PORTLAND, OR 97217**Current Mailing Address:**5055 N GREELEY AVENUE  
PORTLAND, OR 97217 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED AGENT GROUP INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 US*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 DIRECTOR  
Name AUSCHEL, ROLAND  
Address 5055 N GREELEY AVENUE  
City-State-Zip: PORTLAND OR 97217

Title CEO  
Name AUSCHEL, ROLAND  
Address 5055 N GREELEY AVENUE  
City-State-Zip: PORTLAND OR 97217

Title PRESIDENT  
Name ARMSTRONG, ZION  
Address 5055 N GREELEY AVENUE  
City-State-Zip: PORTLAND OR 97217

Title SECRETARY  
Name EHRLICH, PAUL  
Address 5055 N GREELEY AVENUE  
City-State-Zip: PORTLAND OR 97217

Title CFO  
Name MITCHELL, ANNIE  
Address 5055 N GREELEY AVENUE  
City-State-Zip: PORTLAND OR 97217

Title DIRECTOR  
Name MITCHELL, ANNIE  
Address 5055 N GREELEY AVENUE  
City-State-Zip: PORTLAND OR 97217

Title OFFICER  
Name VALLO, ELIZEN  
Address 5055 N GREELEY AVENUE  
City-State-Zip: PORTLAND OR 97217

*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:** PAUL EHRLICH**COMPANY SECRETARY,** 04/14/2021  
**BY JON-MICHAEL**  
**SANCHEZ, ATTORNEY-IN-**  
**FACT**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date