

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000004164

**FILED**  
**Apr 06, 2017**  
**Secretary of State**  
**CC3272518431**

**Entity Name:** BURTON SNOWBOARD COMPANY

**Current Principal Place of Business:**

80 INDUSTRIAL PARKWAY  
BURLINGTON, VT 05401

**Current Mailing Address:**

80 INDUSTRIAL PARKWAY  
BURLINGTON, VT 05401 US

**FEI Number:** 03-0269736

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           TREASURER, DIRECTOR  
Name           CARPENTER, DONNA G.  
Address        80 INDUSTRIAL PARKWAY  
City-State-Zip: BURLINGTON VT 05401

Title           DIRECTOR  
Name           CARPENTER, JAKE B.  
Address        80 INDUSTRIAL PARKWAY  
City-State-Zip: BURLINGTON VT 05401

Title           DIRECTOR  
Name           GOLUB, DAVID  
Address        80 INDUSTRIAL PARKWAY  
City-State-Zip: BURLINGTON VT 05401

Title           DIRECTOR  
Name           KARTSOTIS, TOM  
Address        80 INDUSTRIAL PARKWAY  
City-State-Zip: BURLINGTON VT 05401

Title           DIRECTOR  
Name           LEAVITT, AMY  
Address        80 INDUSTRIAL PARKWAY  
City-State-Zip: BURLINGTON VT 05401

Title           DIRECTOR  
Name           MANHEIMER, HEIDI  
Address        80 INDUSTRIAL PARKWAY  
City-State-Zip: BURLINGTON VT 05401

Title           ASST. SECRETARY  
Name           MCCONNELL, ANDREW  
Address        80 INDUSTRIAL PARKWAY  
City-State-Zip: BURLINGTON VT 05401

*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:** ANDREW MCCONNELL

**ASSISTANT SECRETARY    04/06/2017**

Electronic Signature of Signing Officer/Director Detail

Date