

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001023

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: SMITH SPORT OPTICS, INC.

## Current Principal Place of Business:

280 NORTHWOOD WAY  
KETCHUM, ID 83340

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 2999  
KETCHUM, ID 83340

## New Mailing Address:

FEI Number: 82-0431709      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324      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: CEO       Delete  
Name: GOTTARDI, CLAUDIO  
Address: 801 JEFFERSON RD  
City-St-Zip: PARSIPPANY, NJ 07054

Title: P       Delete  
Name: POST, NED  
Address: PO BOX 2999  
City-St-Zip: KETCHUM, ID 83340

Title: S       Delete  
Name: JUDGE, JOHN  
Address: 801 JEFFERSON RD  
City-St-Zip: PARSIPPANY, NJ 07054

Title: D       Delete  
Name: LORENZON, GIANNINO  
Address: 35129 PADOVA  
City-St-Zip: ITALY, XX

Title: CFO       Delete  
Name: HAYES, RON P  
Address: PO BOX 2999  
City-St-Zip: KETCHUM, ID 83340

Title: V       Delete  
Name: CLARK, BLAIR  
Address: PO BOX 2999  
City-St-Zip: KETCHUM, ID 83340

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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 exemption stated in Chapter 119, 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: RON P HAYES

CFO

04/24/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date