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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P13376** (9)
1. Corporation Name
CONVERSE, INC.

Principal Place of Business Mailing Address
ONE FORDHAM ROAD **ONE FORDHAM ROAD**
NORTH READING MA 01864 **NORTH READING MA 01864**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/25/1987** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number **43-1419731** Applied For
Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip Country 28 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 25 29 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ DATE _____
Signature (Typed or printed name of registered agent and the incorporator) (Print Name of Registered Agent (Typed or printed name of incorporator))

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	FORD, GILBERT
STREET ADDRESS	ONE FORDHAM ROAD
CITY-ST-ZIP	NORTH READING MA
TITLE	SVP
NAME	GREEN, JACK A.
STREET ADDRESS	ONE FORDHAM ROAD
CITY-ST-ZIP	NORTH READING MA
TITLE	EVP
NAME	BELL, MICHAEL C.
STREET ADDRESS	ONE FORDHAM ROAD
CITY-ST-ZIP	NORTH READING MA
TITLE	T
NAME	LAWLOR, JAMES E.
STREET ADDRESS	ONE FORDHAM ROAD
CITY-ST-ZIP	NORTH READING MA
TITLE	D
NAME	LOYND, RICHARD B.
STREET ADDRESS	101 S. HANLEY ROAD
CITY-ST-ZIP	ST. LOUIS MO
TITLE	OB
NAME	RYAN, RONALD
STREET ADDRESS	ONE FORDHAM RD
CITY-ST-ZIP	N READING MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	FORD, Gilbert
3. STREET ADDRESS	One Fordham Road
4. CITY-ST-ZIP	North Reading, MA <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bell Michael C.
3.3 STREET ADDRESS	One Fordham Road
3.4 CITY-ST-ZIP	North Reading, MA <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James Faulkner* **James Faulkner, Asst. Treasurer** 4/25/95
508-6664-2487