

1.) CORPORATION NAME:

DUE DATE: **5/31/2011**

Converse Inc.

SCC ID NO: **F1668112**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

NATIONAL REGISTERED AGENTS INC

4001 North Ninth Street, Suite 227

ARLINGTON, VA 22203

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 HIGH ST

CITY/ST/ZIP: NORTH ANDOVER, MA 01845-2601

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ROGER S. WYETT
TITLE: DIRECTOR
ADDRESS: C/O ONE HIGH STREET
CITY/ST/ZIP/CO: NORTH ANDOVER, MA 01845-

OFFICER DIRECTOR

NAME: JOHN SCHWEITZER
TITLE: CFO
ADDRESS: ONE HIGH STREET
CITY/ST/ZIP/CO: NORTH ANDOVER, MA 01845-

OFFICER DIRECTOR

NAME: GEOFFREY A. COTTRILL
TITLE: CMO
ADDRESS: ONE HIGH STREET
CITY/ST/ZIP/CO: NORTH ANDOVER, MA 01845-

OFFICER DIRECTOR

NAME: WILLIAM E BERNER, JR
TITLE: VP/SEC
ADDRESS: 1 HIGH ST
CITY/ST/ZIP/CO: NORTH ANDOVER, MA 01845-

OFFICER DIRECTOR

NAME: MICHAEL SPILLANE
TITLE: PRESIDENT & CEO
ADDRESS: ONE HIGH STREET
CITY/ST/ZIP/CO: NORTH ANDOVER, MA 01845-

OFFICER DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GRANT W. HANSON DIR & ASST SEC C/O ONE HIGH STREET NORTH ANDOVER, MA 01845-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT W. WOODRUFF DIR & TREASURER C/O ONE HIGH STREET NORTH ANDOVER, MA 01845-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICK SEEHAFFER VICE PRESIDENT ONE HIGH STREET NORTH ANDOVER, MA 01845-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL SAUNDERS VICE PRESIDENT ONE HIGH STREET NORTH ANDOVER, MA 01845-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANET DEPIERO VICE PRESIDENT ONE HIGH STREET NORTH ANDOVER, MA 01845-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID POWERS VICE PRESIDENT ONE HIGH STREET NORTH ANDOVER, MA 01845-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID ALLEN VICE PRESIDENT ONE HIGH STREET NORTH ANDOVER, MA 01845-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER MANLEY VICE PRESIDENT ONE HIGH STREET NORTH ANDOVER, MA 01845-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN F. COBURN ASST SECRETARY C/O ONE HIGH STREET NORTH ANDOVER, MA 01845-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TINA M. BOYD ASST SECRETARY ONE HIGH STREET NORTH ANDOVER, MA 01845-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ WILLIAM E BERNER, JR</u>	<u>WILLIAM E BERNER, JR, VP/SEC</u>	<u>5/31/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.