

1.) CORPORATION NAME:

DUE DATE: **5/31/2012**

Converse Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1668112**

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

GLEN ALLEN, VA 23060-6802

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO 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: MICHAEL SPILLANE TITLE: PRESIDENT & CEO ADDRESS: ONE HIGH STREET CITY/ST/ZIP/CO: NORTH ANDOVER, MA 01845	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID ALLEN TITLE: VICE PRESIDENT ADDRESS: ONE HIGH STREET CITY/ST/ZIP/CO: NORTH ANDOVER, MA 01845	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: WILLIAM E BERNER, JR TITLE: VP/SEC ADDRESS: 1 HIGH ST CITY/ST/ZIP/CO: NORTH ANDOVER, MA 01845	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JANET DEPIERO TITLE: VICE PRESIDENT ADDRESS: ONE HIGH STREET CITY/ST/ZIP/CO: NORTH ANDOVER, MA 01845	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER MANLEY TITLE: VICE PRESIDENT ADDRESS: ONE HIGH STREET CITY/ST/ZIP/CO: NORTH ANDOVER, MA 01845	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DAVID POWERS TITLE: VICE PRESIDENT ADDRESS: ONE HIGH STREET CITY/ST/ZIP/CO: NORTH ANDOVER, MA 01845	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	PAUL SAUNDERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE HIGH STREET		
CITY/ST/ZIP/CO:	NORTH ANDOVER, MA 01845		
NAME:	PATRICK SEEHAFFER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE HIGH STREET		
CITY/ST/ZIP/CO:	NORTH ANDOVER, MA 01845		
NAME:	GRANT W. HANSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIR & ASST SEC		
ADDRESS:	C/O ONE HIGH STREET		
CITY/ST/ZIP/CO:	NORTH ANDOVER, MA 01845		
NAME:	TINA M. BOYD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	ONE HIGH STREET		
CITY/ST/ZIP/CO:	NORTH ANDOVER, MA 01845		
NAME:	JOHN F. COBURN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	C/O ONE HIGH STREET		
CITY/ST/ZIP/CO:	NORTH ANDOVER, MA 01845		
NAME:	ROBERT W. WOODRUFF	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIR & TREASURER		
ADDRESS:	C/O ONE HIGH STREET		
CITY/ST/ZIP/CO:	NORTH ANDOVER, MA 01845		
NAME:	GEOFFREY A. COTTRILL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CMO		
ADDRESS:	ONE HIGH STREET		
CITY/ST/ZIP/CO:	NORTH ANDOVER, MA 01845		
NAME:	JOHN SCHWEITZER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	ONE HIGH STREET		
CITY/ST/ZIP/CO:	NORTH ANDOVER, MA 01845		
NAME:	ROGER S. WYETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O ONE HIGH STREET		
CITY/ST/ZIP/CO:	NORTH ANDOVER, MA 01845		
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.			
/s/ WILLIAM E BERNER, JR	WILLIAM E BERNER, JR, VP/SEC	5/29/2012	
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.			