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Secretary of State

03-09-1999 90009 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000006826

1. Corporation Name
K B TOY OF MASSACHUSETTS, INC.



Principal Place of Business
**300 PHILLIPI RD
 P.O. BOX 28512
 COLUMBUS OH 43228-0512**

Mailing Address
**300 PHILLIPI RD
 P.O. BOX 28512
 COLUMBUS OH 43228-0512**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/27/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		04-2956093	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP <input type="checkbox"/> DELETE	1.1 TITLE	Vice President - Tax <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLAZER, MICHAEL L	1.2 NAME	L. MICHAEL WATTS
STREET ADDRESS	300 PHILLIPI RD	1.3 STREET ADDRESS	300 PHILLIPI ROAD
CITY-ST-ZIP	COLUMBUS OH 43228	1.4 CITY-ST-ZIP	Columbus, Ohio 43228
TITLE	CEO <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	GLAZER, MICHAEL L	2.2 NAME	
STREET ADDRESS	300 PHILLIPI RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43228	2.4 CITY-ST-ZIP	
TITLE	DCV <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	POTTER, MICHAEL J	3.2 NAME	
STREET ADDRESS	300 PHILLIPI RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43228	3.4 CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	BELL, ALBERT J	4.2 NAME	
STREET ADDRESS	300 PHILLIPI RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43228-0512	4.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	MCGRADY, JAMES A	5.2 NAME	
STREET ADDRESS	300 PHILLIPI RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43228-0512	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: L. Michael Watts VP Tax 2/17/99 604-278-1837
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)