

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90136 030 ***150.00

DOCUMENT # F96000006826

1. Entity Name

K B TOY OF MASSACHUSETTS, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

100 West Street

3. Mailing Address

100 West Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pittsfield MA

City & State

Pittsfield MA

4. FEI Number

04-2956093

Applied For

Not Applicable

Zip

Country

01201- US

Zip

Country

01201- US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCP	<input type="checkbox"/> Delete
NAME	GLAZER, MICHAEL L	
STREET ADDRESS	300 PHILLIPI RD	
CITY-ST-ZIP	COLUMBUS OH 43228	
TITLE	CEOP	<input checked="" type="checkbox"/> Delete
NAME	GLAZER, MICHAEL L	
STREET ADDRESS	300 PHILLIPI RD	
CITY-ST-ZIP	COLUMBUS OH 43228	
TITLE	DCV	<input checked="" type="checkbox"/> Delete
NAME	POTTER, MICHAEL J	
STREET ADDRESS	300 PHILLIPI RD	
CITY-ST-ZIP	COLUMBUS OH 43228	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	BELL, ALBERT J	
STREET ADDRESS	300 PHILLIPI RD	
CITY-ST-ZIP	COLUMBUS OH 43228-0512	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	MCGRADY, JAMES A	
STREET ADDRESS	300 PHILLIPI RD	
CITY-ST-ZIP	COLUMBUS OH 43228-0512	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WATTS, MICHAEL L	
STREET ADDRESS	300 PHILLIPS RD.	
CITY-ST-ZIP	COLUMBUS OH 43228	

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glazer, Michael L.	
STREET ADDRESS	100 West Street	
CITY-ST-ZIP	Pittsfield MA 01201	
TITLE	DVTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert J Feldman, Robert J.	
STREET ADDRESS	100 West Street	
CITY-ST-ZIP	Pittsfield MA 01201	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Robert Feldman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President 4/27/01 413-496-3000

Date

Daytime Phone #

CR2E034 (1/0/00)