

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # H02516**

1. Entity Name  
**K B TOY OF FLORIDA, INC.**



90150757

Principal Place of Business 100 WEST STREET PITTSFIELD, MA 01201	Mailing Address 100 WEST STREET PITTSFIELD, MA 01201
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>04-2846255</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY**  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301



CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number Is Not Acceptable)	
City	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent's signature required when substituting) \_\_\_\_\_ DATE \_\_\_\_\_

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP GLAZER, MICHAEL L 100 WEST STREET PITTSFIELD, MA 01201	<input type="checkbox"/> Delete		TITLE	Treasurer Charles J. Stengl 100 West St. Pittsfield, MA 01201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	DV FELDMAN, ROBERT J 100 WEST STREET PITTSFIELD, MA 01201	<input type="checkbox"/> Delete		TITLE	Assistant Secretary Wm. Gordon Prescott 100 West St. Pittsfield, MA 01201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	S GRADY, KENNETH A 100 WEST STREET PITTSFIELD, MA 01201	<input type="checkbox"/> Delete		TITLE	Assistant Secretary Scott Z. Hochfelder 100 West St. Pittsfield, MA 01201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

CR2E034 (10/02)

2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kenneth A. Grady* Kenneth A. Grady 8-5-03 413-496-3180