

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90073 031 \*\*\*150.00

**DOCUMENT # H02516**

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

**80044049**



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| Principal Place of Business<br>300 PHILLIPI ROAD<br>P.O. BOX 28512<br>COLUMBUS OH 43228-0512 | Mailing Address<br>300 PHILLIPI ROAD<br>P.O. BOX 28512<br>COLUMBUS OH 43228-0512 |
|--|--|

|  |  |
|--|--|
| 2. Principal Place of Business<br>100 West Street<br>Suite, Apt. #, etc. | 3. Mailing Address<br>100 West Street<br>Suite, Apt. #, etc. |
|--|--|

|                               |                               |                             |                               |
|-------------------------------|-------------------------------|-----------------------------|-------------------------------|
| City & State<br>Pittsfield MA | City & State<br>Pittsfield MA | 4. FEI Number<br>04-2846255 | Applied For<br>Not Applicable |
| Zip<br>01201                  | Country<br>US                 | Zip<br>01201                | Country<br>US                 |

|                                  |                          |                                       |
|----------------------------------|--------------------------|---------------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|----------------------------------|--------------------------|---------------------------------------|

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DP<br>Glazer, Michael L.<br>100 West Street<br>Pittsfield MA 01201 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DVTS<br>Feldman, Robert J.<br>100 West Street<br>Pittsfield MA 01201 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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 J. Feldman Vice President 4/27/01 413-496-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)