


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Sep 05 1997 8:00am  
 Secretary of State

*PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M80845 (4)  
 1. Corporation Name  
 FASHION MALL (FLA.) KAY-BEE TOY, INC.



Principal Place of Business 100 WEST STREET PITTSFIELD MA 01201	Mailing Address 100 WEST STREET PITTSFIELD MA 01201
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26 One CVS Drive		05/13/1988		05/01/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27 Legal Dept		06-1239366		Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28 Woonsocket RI		<input type="checkbox"/>		<input type="checkbox"/>	
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24		29 02895		<input type="checkbox"/>		<input type="checkbox"/>	
25 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
25		30 USA		<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, ARTHUR V.	1.2 NAME	Zenon P. Lankowsky
STREET ADDRESS	ONE THEALL RD	1.3 STREET ADDRESS	One CVS Drive
CITY-ST-ZIP	RYE NY	1.4 CITY-ST-ZIP	Woonsocket RI 02895
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINE, ALAN	2.2 NAME	Diane McMonagle Glass
STREET ADDRESS	100 WEST STREET	2.3 STREET ADDRESS	One CVS Drive
CITY-ST-ZIP	PITTSFIELD MA 01201	2.4 CITY-ST-ZIP	Woonsocket RI 02895
TITLE	VPAS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEGROCKI, DONALD B	3.2 NAME	Philip C. Galbo
STREET ADDRESS	100 WEST STREET	3.3 STREET ADDRESS	One CVS Drive
CITY-ST-ZIP	PITTSFIELD MA 01201	3.4 CITY-ST-ZIP	Woonsocket RI 02895
TITLE	SVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDRIX, JOHN	4.2 NAME	see attached
STREET ADDRESS	100 WEST STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSFIELD MA 01201	4.4 CITY-ST-ZIP	
TITLE	VPAS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALINO, ANTHONY	5.2 NAME	
STREET ADDRESS	45 PINE KNOLL ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LENOX MA 01240	5.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IPPOLITI PATRICIA	6.2 NAME	
STREET ADDRESS	100 WEST ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSFIELD MA	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Thomas S. Hoffatt* THOMAS S. HOFFATT 8/25/97 401-765-1500x3565

CR2E034 (4/97)

## **OFFICERS AND DIRECTORS**

### **Directors**

Thomas M. Ryan  
Daniel Nelson  
Charles Conaway

280 Irving Ave., Providence, RI 02906  
26 Brookfield Rd., Dover, MA 02030  
15 Signal Ridge Way, E. Greenwich, RI 02818

### **Officers**

#### **President**

Zenon P. Lankowsky

4 Francis Farm Rd., Harrisville, RI 02830

#### **Vice President**

Diane McMonagle-Glass  
Robert E. Nault

80 Oak Point, Wrentham, MA 02093  
19 Winchester Lane, N. Smithfield, RI 02896

#### **Treasurer**

Philip Galbo

100 Watch Hill, E. Greenwich, RI 02818

#### **Secretary**

Diane McMonagle-Glass

80 Oak Point, Wrentham, MA 02093

#### **Assistant Secretary**

Jill Goddard  
Thomas S. Moffatt

15 Sanderson Avenue, Dedham, MA 02026  
11 Charles Street, Dedham, MA 02026

**BUSINESS ADDRESS:**  
One CVS Drive  
Woonsocket, RI 02895