



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

FILED

03 JUN -2 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000000205
1. Entity Name FAO SCHWARZ, INC. OF DELAWARE GILKA Toy Soldier, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2520 RENAISSANCE BLVD. Suite, Apt. #, etc.	3. Mailing Address 2520 RENAISSANCE BLVD. Suite, Apt. #, etc.
--	--

DO NOT WRITE IN THIS SPACE

City & State KING OF PRUSSIA, PA	City & State KING OF PRUSSIA, PA	4. FEI Number 01-0551796	Applied For <input type="checkbox"/> Not Applicable
Zip 19406	Country MONTGOMERY	Zip 19406	Country MONTGOMERY

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD
City
PLANTATION **FL** **Zip Code**
33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT/CEO JERRY WELCH 2520 RENAISSANCE BLVD. KING OF PRUSSIA, PA 19406	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300020318693 06/02/03--01072--011 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/CFO/TREASURER RAY SPRINGER 2520 RENAISSANCE BLVD. KING OF PRUSSIA, PA 19406	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/SECRETARY KENDRICK ROYER 2520 RENAISSANCE BLVD. KING OF PRUSSIA, PA 19406	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP/CONTROLLER JERRY KOLLAR 2520 RENAISSANCE BLVD. KING OF PRUSSIA, PA 19406	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jerry Kollar* **JERRY KOLLAR, SVP** **05/27/03** **610-278-7800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**