

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000000330

1. Entity Name  
HASBRO, INC.



Principal Place of Business  
1027 NEWPORT AVENUE  
PAWTUCKET, RI 02862

Mailing Address  
C/O CULLEN, HASBRO  
1027 NEWPORT AVENUE  
PAWTUCKET, RI 02862

FILED  
2007 JUL 25 PM 12:14  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



07092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br>05-0155090   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |                               |

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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 signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PCEO<br>VERRECCHIA, ALFRED J<br>1011 NEWPORT AVENUE<br>PAWTUCKET, RI 02862   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVP<br>HARGREAVES, DAVID D.R.<br>1011 NEPORT AVE.<br>PAWTUCKET, RI 02862     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVPS<br>NAGLER, BARRY<br>1011 NEW PORT AVE.<br>PAWTUCKET, RI 02862           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVPT<br>TRUEB, MARTIN R<br>200 NARRAGEANSETT PARK DR.<br>PAWTUCKET, RI 02862 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

000107464360  
08/07/07--01051--025 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: BARRY NAGLER VP 7-9-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #