

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004988

1. Entity Name

HASBRO MANAGERIAL SERVICES, INC.

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90075 049 ***150.00

0672568

Principal Place of Business % GENERAL COUNSEL 1027 NEWPORT AVENUE PAWTUCKET RI 02862	Mailing Address % GENERAL COUNSEL 1027 NEWPORT AVENUE PAWTUCKET RI 02862
---	---

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



DO NOT WRITE IN THIS SPACE

4. FEI Number	05-0389480	Applied For
		Not Applicable

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

6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	VD	<input type="checkbox"/> Delete
NAME	GORDON, HAROLD P	
STREET ADDRESS	1011 NEWPORT AVE	
CITY-ST-ZIP	PAWTUCKET RI 02862	
TITLE	DV	<input type="checkbox"/> Delete
NAME	VERRECCHIA, ALFRED J	
STREET ADDRESS	1011 NEWPORT AVE	
CITY-ST-ZIP	PAWTUCKET RI 02862	
TITLE	DCP	<input type="checkbox"/> Delete
NAME	HASSENFELD, ALAN G	
STREET ADDRESS	1011 NEWPORT AVE	
CITY-ST-ZIP	PAWTUCKET RI 02862	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	HASSENFELD, ALAN G	
STREET ADDRESS	1011 NEWPORT AVE	
CITY-ST-ZIP	PAWTUCKET RI 02862	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	WALDOX, PHILLIP H	
STREET ADDRESS	32 W 23RD ST	
CITY-ST-ZIP	NEW YORK NY 10010	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARRY NAGLER

4/4/01

Date

MARIE PAMENTAL
401 727 5283

Daytime Phone #

CR2E034 (10/00)