

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F95000004988

1. Entity Name
HASBRO MANAGERIAL SERVICES, INC.



Principal Place of Business
1027 NEWPORT AVENUE
PAWTUCKET, RI 02862

Mailing Address
1027 NEWPORT AVENUE
1027 NEWPORT AVENUE
PAWTUCKET, RI 02862

FILED

2007 JUL 25 PM 12: 26

SECRETARY OF STATE
TALLAHASSEE FLORIDA



07092007 No Chg-P CR2E034 (11/05)

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

CT CORPORATION SYSTEM
C/O CT 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 _____
Signature, typed or printed name of registered agent and title if applicable (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 NAME STREET ADDRESS CITY-ST-ZIP | SRVP HARGREAVES, DAVID D. R 1011 NEWPORT AVE PAWTUCKET, RI 02862 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P VERRECCHIA, ALFRED J 1011 NEWPORT AVE PAWTUCKET, RI 02862 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPCS NAGLER, BARRY 1827 NEW PORT AVE PAWTUCKET, RI 02862 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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08/07/07--01053--001 **150.00

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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 Barry Nagler 7-9-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #