


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 29 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 # F96000006826 1. Corporation Name KB TOY OF MASSACHUSETTS, INC.		

Principal Place of Business 300 Phillipi Rd. P.O. Box 28512 Columbus, OH 43228-0512	Mailing Address 300 Phillipi Rd. P.O. Box 28512 Columbus, Ohio 43228-0512
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/27/96	3a. Date of Last Report
21		26		4. FEI Number 04-2956093	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Corporation Service Company 1201 Hays Street Tallahassee, FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
					FL		

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DCP	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Michael L. Glazer			1.2 NAME			
STREET ADDRESS	300 Phillipi Rd.			1.3 STREET ADDRESS			
CITY-ST-ZIP	Columbus, OH 43228-0512			1.4 CITY-ST-ZIP			
TITLE	DCV	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Michael J. Potter			2.2 NAME			
STREET ADDRESS	300 Phillipi Rd.			2.3 STREET ADDRESS			
CITY-ST-ZIP	Columbus, OH 43228-0512			2.4 CITY-ST-ZIP			
TITLE	DVS	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Albert J. Bell			3.2 NAME			
STREET ADDRESS	300 Phillipi Rd.			3.3 STREET ADDRESS			
CITY-ST-ZIP	Columbus, OH 43228-0512			3.4 CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	James A. McGrady			4.2 NAME			
STREET ADDRESS	300 Phillipi Rd.			4.3 STREET ADDRESS			
CITY-ST-ZIP	Columbus, OH 43228-0512			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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)(j), 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, in an affidavit with an address.

SIGNATURE: **JAMES A. McGRADY**
VICE PRESIDENT & TREASURER
Date: **4/25/97** (614) 278-6837
Daytime Phone #