

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90136 030 ***150.00

DOCUMENT # F96000006826

1. Entity Name

K B TOY OF MASSACHUSETTS, INC.

Principal Place of Business

Mailing Address

300 PHILLIPI RD
P.O. BOX 28512
COLUMBUS OH 43228-0512

300 PHILLIPI RD
P.O. BOX 28512
COLUMBUS OH 43228-0512

2. Principal Place of Business

3. Mailing Address

100 West Street

100 West Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pittsfield MA

City & State

Pittsfield MA

Zip

01201

Country

US

Zip

01201

Country

US

4. FEI Number

04-2956093

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCP GLAZER, MICHAEL L 300 PHILLIPI RD COLUMBUS OH 43228 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEOP GLAZER, MICHAEL L 300 PHILLIPI RD COLUMBUS OH 43228 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCV POTTER, MICHAEL J 300 PHILLIPI RD COLUMBUS OH 43228 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS BELL, ALBERT J 300 PHILLIPI RD COLUMBUS OH 43228-0512 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT MCGRADY, JAMES A 300 PHILLIPI RD COLUMBUS OH 43228-0512 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WATTS, MICHAEL L 300 PHILLIPS RD. COLUMBUS OH 43228 | <input checked="" type="checkbox"/> Delete |

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP Glazer, Michael L. 100 West Street Pittsfield MA 01201 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVTS Robert J Feldman, Robert J. 100 West Street Pittsfield MA 01201 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 full other like empowered.

SIGNATURE:

Robert J Feldman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

4/27/01

413-496-3000

Date

Daytime Phone #

CR2E034 (10/00)