


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90014 033 \*\*\*150.00

**DOCUMENT # F98000001863**

1. Entity Name  
**HASBRO LATIN AMERICA HOLDINGS, INC.**



Principal Place of Business  
**1027 NEWPORT AVENUE  
 PAWTUCKET, RI 02862**

Mailing Address  
**C/O PAMENTAL  
 1027 NEWPORT AVENUE  
 PAWTUCKET, RI 02862**

**24037508**

2. Principal Place of Business  
**1027 Newport Avenue**  
 Suite, Apt. #, etc.

3. Mailing Address *c/o Cullen, Hasbro*  
**1027 Newport Avenue**  
 Suite, Apt. #, etc.



03192004 Chg-P CR2E034 (10/03)

City & State  
**Pawtucket, RI**

City & State  
**Pawtucket, RI**

Zip Country  
**02862 USA**

Zip Country  
**02862 USA**

4. FEI Number  
**05-0497536**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>HASSENFELD, ALAN G</b> <b>1011 NEWPORT AVE.</b> <b>PAWTUCKET, RI 02862</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NAGLER, BARRY</b> <b>1027 NEWPORT AVE.</b> <b>PAWTUCKET, RI 02862</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPCS</b> <b>NAGLER, BARRY</b> <b>1011 NEWPORT AVE.</b> <b>PAWTUCKET, RI 02862</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WILSON, E. D</b> <b>1011 NEWPORT AVENUE</b> <b>PAWTUCKET, RI 02862</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP</b> <b>VERRECHEA, ALFRED J</b> <b>1011 NEWPORT AVENUE</b> <b>PAWTUCKET, RI 02862</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVCF</b> <b>HARGREAVES, DAVID DR</b> <b>1011 NEWPORT AVENUE</b> <b>PAWTUCKET, RI 02862</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C &amp; D</b> <b>Alfred J. Verrecchia</b> <b>1011 Newport Avenue</b> <b>Pawtucket, RI 02862</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP</b> <b>Charles Bechtel</b> <b>1011 Newport Avenue</b> <b>Pawtucket, Rhode Island 02862</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, SVP, GC &amp; S</b> <b>Barry Nagler</b> <b>1011 Newport Avenue</b> <b>Pawtucket, RI 02862</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, SVP &amp; CFO</b> <b>David D.R. Hargreaves</b> <b>1011 Newport Avenue</b> <b>Pawtucket, RI 02862</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP &amp; T</b> <b>Martin R. Trueb</b> <b>200 Narragansett Park Drive</b> <b>Pawtucket, RI 02862</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP &amp; CAFCO</b> <b>Richard Holt</b> <b>200 Narragansett Park Drive</b> <b>Pawtucket, RI 02862</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barry Nagler Date: 4/2/04 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Barry Nagler,**  
 Senior Vice President, General Counsel  
 and Secretary