

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000004638

1. Entity Name
WIZARDS OF THE COAST RETAIL, INC.



Principal Place of Business
1801 LIND AVE SW
RENTON, WA 98055

Mailing Address
C/O CULLEN, HASBRO,
1027 NEWPORT AVE.
PAWTUCKET, RI 02862

FILED

06 JUN 23 2011 1:53

SECRET
TALLAHASSEE, FLORIDA



05102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 91-1983729	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

C T 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 6, 2006**

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	P GREENWOOD, LOREN 1801 LIND AVENUE SW RENTON, WA 98055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT TRUEB, MARTIN R 200 NARRAGANSETT PARK DRIVE PAWTUCKET, RI 02862
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP NAGLER, BARRY 1011 NEWPORT AVE PAWTUCKET, RI 02862
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MAYHEW, MIKE 1801 LIND AVE SW RENTON, WA 98055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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07/06/06--01057--001 **150.00

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/06
Date Daytime Phone #