

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

| CORPORATION<br>ANNUAL REPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Northam<br>Secretary of State<br>DIVISION OF CORPORATIONS |  | FILED<br>SECRETARY OF STATE<br>DIVISION OF CORPORATIONS<br>95 APR 12 PM 10:26                                                                                  |  |
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| 634-58515-22302<br>DOCUMENT # K56100 (6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 1. Corporation Name<br>HAVEN MALL KAY-BEE TOY, INC.                                                |  |                                                                                                                                                                |  |
| Principal Place of Business<br>100 W. STREET<br>PITTSFIELD MA 01201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Mailing Address<br>100 W. STREET<br>PITTSFIELD MA 01201                                            |  | DO NOT WRITE IN THIS SPACE                                                                                                                                     |  |
| 2. Principal Place of Business<br>21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 2a. Mailing Address<br>26                                                                          |  | 3. Date Incorporated or Qualified<br>01/06/1989                                                                                                                |  |
| Suite, Apt. #, etc.<br>22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Suite, Apt. #, etc.<br>27                                                                          |  | 3a. Date of Last Report<br>03/30/1994                                                                                                                          |  |
| City & State<br>23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | City & State<br>28                                                                                 |  | 4. FEI Number<br>06-1266138                                                                                                                                    |  |
| Country<br>24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Country<br>29                                                                                      |  | Applied For<br>Not Applicable                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                    |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                    |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                    |  | 8. This corporation has liability for intangible tax under S. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br>UNITED STATES CORPORATION COMPANY<br>1201 HAYES ST.<br>STE 105<br>TALLAHASSEE FL 32301                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                    |  | 10. Name and Address of New Registered Agent                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                    |  | B1 Name                                                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                    |  | B2 Street Address (P.O. Box Number is Not Acceptable)                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                    |  | B3                                                                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                    |  | B4 City FL B5 Zip Code                                                                                                                                         |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 _____ DATE _____<br><small>Signature: typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when translating.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                    |  |                                                                                                                                                                |  |
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                    |  |                                                                                                                                                                |  |
| TITLE<br>D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 1. TITLE                                                                                           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |  |
| NAME<br>RICHARDS, ARTHUR V.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 2. NAME                                                                                            |  |                                                                                                                                                                |  |
| STREET ADDRESS<br>ONE THEALL RD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 3. STREET ADDRESS                                                                                  |  |                                                                                                                                                                |  |
| CITY - ST - ZIP<br>RYE NY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 4. CITY - ST - ZIP                                                                                 |  |                                                                                                                                                                |  |
| TITLE<br>PD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 21. TITLE                                                                                          |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                   |  |
| NAME<br>POLITZER, JERALD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 22. NAME                                                                                           |  |                                                                                                                                                                |  |
| STREET ADDRESS<br>100 WEST ST.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 23. STREET ADDRESS                                                                                 |  |                                                                                                                                                                |  |
| CITY - ST - ZIP<br>PITTSFIELD MA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 24. CITY - ST - ZIP                                                                                |  |                                                                                                                                                                |  |
| TITLE<br>D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 31. TITLE                                                                                          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |  |
| NAME<br>QURAESHI, SHAHID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 32. NAME                                                                                           |  |                                                                                                                                                                |  |
| STREET ADDRESS<br>ONE THEALL RD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 33. STREET ADDRESS                                                                                 |  |                                                                                                                                                                |  |
| CITY - ST - ZIP<br>RYE NY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 34. CITY - ST - ZIP                                                                                |  |                                                                                                                                                                |  |
| TITLE<br>VPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 41. TITLE                                                                                          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |  |
| NAME<br>FARRELL, DAVID B.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 42. NAME                                                                                           |  |                                                                                                                                                                |  |
| STREET ADDRESS<br>SR 68 BOX 143 A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 43. STREET ADDRESS                                                                                 |  |                                                                                                                                                                |  |
| CITY - ST - ZIP<br>SOUTHFIELD MA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 44. CITY - ST - ZIP                                                                                |  |                                                                                                                                                                |  |
| TITLE<br>AT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 51. TITLE                                                                                          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |  |
| NAME<br>HENDRIX, JOHN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 52. NAME                                                                                           |  |                                                                                                                                                                |  |
| STREET ADDRESS<br>106 APPLE TREE LANE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 53. STREET ADDRESS                                                                                 |  |                                                                                                                                                                |  |
| CITY - ST - ZIP<br>DALTON MA 01228                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 54. CITY - ST - ZIP                                                                                |  |                                                                                                                                                                |  |
| TITLE<br>VP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 61. TITLE                                                                                          |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                   |  |
| NAME<br>MACKENZIE, JAMES D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 62. NAME                                                                                           |  |                                                                                                                                                                |  |
| STREET ADDRESS<br>269 GALE AVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 63. STREET ADDRESS                                                                                 |  |                                                                                                                                                                |  |
| CITY - ST - ZIP<br>PITTSFIELD MA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 64. CITY - ST - ZIP                                                                                |  |                                                                                                                                                                |  |
| 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(k), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. |  |                                                                                                    |  |                                                                                                                                                                |  |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | JOHN Hendrix 3/24/95                                                                               |  |                                                                                                                                                                |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Date                                                                                               |  |                                                                                                                                                                |  |



100 West St., Pittsfield, Massachusetts 01201-5761  
(413) 499-0086 Fax (413) 499-3739

K56100  
**KAY-BEE TOYS/TOY WORKS - SUBSIDIARIES**

| <u>Name</u>       | <u>Title</u>                                               | <u>Business Address</u>                 | <u>Residence Address</u>                    |
|-------------------|------------------------------------------------------------|-----------------------------------------|---------------------------------------------|
| Ann Iverson       | President<br>& CEO                                         | 100 West Street<br>Pittsfield, Ma 01201 | 410 Williams Street<br>Pittsfield, MA 01201 |
| Alan Fine         | Senior<br>Vice<br>President                                | 100 West Street<br>Pittsfield, MA 01201 | 9 Cliffwood Street<br>Lenox, MA 01240       |
| Thomas Nelson     | Vice<br>President                                          | 100 West Street<br>Pittsfield, Ma 01201 | 55 Joanne Road.<br>Stoughton, MA 02072      |
| Anthony Palino    | Vice<br>President<br>& Assistant<br>Secretary              | 100 West Street<br>Pittsfield, MA 01201 | 45 Pine Knoll Rd.<br>Lenox, MA 01240        |
| Bruce H. Campbell | Vice<br>President                                          | 100 West Street<br>Pittsfield, MA 01201 | 37 Wyngate Drive<br>Avon, CT 06001          |
| R. Michael Cronin | Vice<br>President<br>& Assistant<br>Secretary              | 100 West Street<br>Pittsfield, MA 01201 | 197 Bartlett Ave<br>Pittsfield, MA 01201    |
| David B. Farrell  | CFO,<br>Sr. Vice<br>President,<br>Treasurer &<br>Secretary | 100 West Street<br>Pittsfield, MA 01201 | SR 68 Box 143A<br>Southfield, MA 01259      |
| Roland C. Faubert | Vice<br>President                                          | 100 West Street<br>Pittsfield, MA 01201 | 31 Churchill Crest<br>Pittsfield, MA 01201  |
| Kathy A. Self     | Vice<br>President                                          | 100 West Street<br>Pittsfield, MA 01201 | 6502 Coppercreek Rd.<br>Dallas, TX 75248    |
| Mark Ramsdell     | Vice<br>President                                          | 100 West Street<br>Pittsfield, MA 01201 | 4 Shady Hollow Path<br>Ashland, MA 01721    |

V56d00

| <u>Name</u>        | <u>Title</u>                                                                            | <u>Business Address</u>                 | <u>Residence Address</u>                              |
|--------------------|-----------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------|
| Dennis Veltre      | Vice<br>President                                                                       | 100 West Street<br>Pittsfield, MA 01201 | 36 Amlover St.<br>Pittsfield, MA 01201                |
| Salvatore Vasta    | Vice<br>President                                                                       | 100 West Street<br>Pittsfield, MA 01201 | East St. - Oct. Mt.<br>RR2 - Box 255<br>Lee, MA 01201 |
| Robert Danielson   | Vice<br>President                                                                       | 100 West Street<br>Pittsfield, MA 01201 | 6 Juliana Dr.<br>Pittsfield, MA 01201                 |
| Patricia Ippoliti  | Senior<br>Vice<br>President                                                             | 100 West Street<br>Pittsfield, MA 01201 | 3C Foxhollow<br>Lenox, MA 01240                       |
| Nick Seufert       | Vice<br>President                                                                       | 100 West Street<br>Pittsfield, MA 01201 | 106 East Housatonic St.<br>Pittsfield, MA 01201       |
| John L. Hendrix    | Vice<br>President,<br>Assistant<br>Treasurer,<br>Assistant<br>Secretary &<br>Controller | 100 West Street<br>Pittsfield, MA 01201 | 106 Apple Tree Ln.<br>Dalton, MA 01226                |
| Mark R. Johnson    | Assistant<br>Controller                                                                 | 100 West Street<br>Pittsfield, MA 01201 | 140 Raymond Drive<br>Dalton, MA 01226                 |
| Thomas Alfonsi     | Vice<br>President                                                                       | 100 West Street<br>Pittsfield, MA 01201 | 6 Daryn Ct.<br>Pittsfield, MA 01201                   |
| David W. Kinsley   | Vice<br>President                                                                       | 100 West Steet<br>Pittsfield, MA 01201  | 11 Upper Greylock Est.<br>Lanesboro, MA 01237         |
| Maureen Richards   | Director                                                                                | One Theall Rd.<br>Rye, NY 10580         | 640 West 231 St.<br>Brom, NY 12061                    |
| Shahid Quraeshi    | Director                                                                                | One Theall Rd.<br>Rye, NY 10580         | 105 Harbor Dr.<br>Stamford, CT 06902                  |
| Arthur V. Richards | Director                                                                                | One Theall Rd.<br>Rye, NY 10580         | 63 Kipp St.<br>Chappaqua, NY 10514                    |