

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000308

1. Entity Name

GREAT WESTERN TOY COMPANY, LLC

FILED

01 APR 23 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1209 ORANG ST
WILMINGTON DE 19801

Mailing Address

12220 PARKWAY CENTRE DR
POWAY CA 92064

2. Principal Place of Business

12220 PARKWAY CENTRE DR
Suite, Apt. #, etc.

3. Mailing Address

12220 PARKWAY CENTRE DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

POWAY CA

City & State

POWAY CA

4. FEI Number

33-0833454

Applied For

Not Applicable

Zip

92064

Country

USA

Zip

92064

Country

USA

5. Certificate of Status Desired

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\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

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 \$50.00

Make Check Payable to Department of State

300004161643--1

-05/08/01--01041--025

*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR NICHOLAS R DAVA 12220 PARKWAY CENTRE DR POWAY CA 92064 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER JOSEPH K McDONNELL 12220 PARKWAY CENTRE DR POWAY CA 92064 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ANNE HAYES 100N TRYON ST 10TH FLOOR CHARLOTTE NC 28209 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR TODD BINKOWSKI 100N TRYON ST 10TH FLOOR CHARLOTTE NC 28209 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|--|--|---|
| 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 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)