

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90064 014 ***150.00

DOCUMENT # P29133
 1. Entity Name
U. S. TOY CO., INC.

Principal Place of Business Mailing Address
13201 ARRINGTON RD **13201 ARRINGTON RD**
GRANDVIEW MO 64030 **GRANDVIEW MO 64030**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number **44-0577574** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
PALMER, BEA
805 E. SEMORAN
APOPKA FL 32703

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City 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 _____ (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	PD	<input type="checkbox"/> Delete
NAME	KLEIN, MICHAEL L.	
STREET ADDRESS	4601 W. 87TH TERRACE	
CITY - ST - ZIP	PRAIRIE VILLAGE KS	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	LINN, DONALD H.	
STREET ADDRESS	16965 HEATHER LANE	
CITY - ST - ZIP	BELTON MO 64012	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GERSHON, FRANCES A.	
STREET ADDRESS	2708 W. 118TH ST.	
CITY - ST - ZIP	LEAWOOD KS	
TITLE	DT	<input type="checkbox"/> Delete
NAME	FREIDEN, BARI	
STREET ADDRESS	4901 W. 85TH ST.	
CITY - ST - ZIP	PRAIRIE VILLAGE KS	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

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 all other like empowered.

SIGNATURE: *Michael A. Clemons* **Michael A. Clemons** 4-19-01 816-761-5900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytona Phone #

CR2E034 (10/00)