2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29133

Address:

City-St-Zip:

4901 W. 85TH ST.

PRAIRIE VILLAGE, KS

FILED Apr 23, 2007 Secretary of State

Entity Name: U. S. TOY CO., INC. **Current Principal Place of Business: New Principal Place of Business:** 13201 ARRINGTON RD GRANDVIEW, MO 64030 **Current Mailing Address: New Mailing Address:** 13201 ARRINGTON RD GRANDVIEW, MO 64030 FEI Number: 44-0577574 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PALMER, BEA LONG, KATHLEEN 805 E. SEMORAN 805 E. SEMORAN APOPKA, FL 32703 APOPKA, FL 32703 US US 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: KATHLEEN LONG 04/23/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition KLEIN, MICHAEL L., Name: Name: 4601 W. 87TH TERRACE Address: Address: City-St-Zip: PRAIRIE VILLAGE, KS City-St-Zip: Title: EVP Title: () Delete () Change () Addition LINN, DONALD H., Name: Name: 16965 HEATHER LANE Address: Address: BELTON, MO 64012 City-St-Zip: City-St-Zip: Title: Title: SD () Delete () Change () Addition GERSHON, FRANCES A., Name: Name: 5801 WEST 22ND TERRACE Address: Address: City-St-Zip: OVERLAND PARK, KS 66211 City-St-Zip: Title: DT () Delete Title: () Change () Addition FREIDEN, BÀRÍ, Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MICHAEL A. CLEMONS CFO 04/23/2007