2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29133

FREIDEN, BARI,

4901 W. 85TH ST.

PRAIRIE VILLAGE, KS

Name:

Address:

City-St-Zip:

FILED Apr 01, 2008 Secretary of State

Entity Name: U. S. TOY CO., INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	INGTON RE EW, MO 640					
Current Mailing Address:			New Mailing Address:			
13201 ARRINGTON RD GRANDVIEW, MO 64030						
FEI Number: 44-0577574 FEI Number Applied For ()		FEI Number Not Appl	FEI Number Not Applicable () Certificate of Status Desire			
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
LONG, KATHLEEN 805 E. SEMORAN APOPKA, FL 32703 US			805 E. SEN	PIEDRA, SALVADOR 805 E. SEMORAN APOPKA, FL 32703 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: SALVADOR PIEDRA				04/01/2008		
Electronic Signature of Registered Agent			nt		Date	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD (KLEIN, MICH/ 4601 W. 87TH PRAIRIE VILL	TERRACE	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	EVP (LINN, DONAL 16965 HEATH BELTON, MO	IER LANE	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	GERSHON, F 5801 WEST 2) Delete RANCES A., I2ND TERRACE IARK, KS 66211	Title: Name: Address: City-St-Zip:	FREIDEN, JO 9005 WEST 1	·	
Title:	DT () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL CLEMONS CFO 04/01/2008