

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 05 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000065193 (2)

1. Corporation Name

GREAT MALL TOY WORKS, INC.



Principal Place of Business 100 WEST ST PITTFIELD MA 01201 US	Mailing Address 100 WEST ST PITTFIELD MA 01201 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26 One CVS Drive		09/06/1994		05/01/1996	
22 Suite, Apt. #, etc.		27 Legal Dept		4. FEI Number		Applied For	
23 City & State		28 Woonsocket RI		NOT APPLICABLE		Not Applicable	
24 Zip		25 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
29 02895		30 USA		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

UNITED STATES CORPORATION COMPANY  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FINE, ALAN			1.2 NAME	Zenon P. Lankowsky		
STREET ADDRESS	100 WEST ST			1.3 STREET ADDRESS	One CVS Drive		
CITY-ST-ZIP	PITTFIELD MA 01201			1.4 CITY-ST-ZIP	Woonsocket RI 02895		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V/S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENDRIX, JOHN			2.2 NAME	Diane McMonagle Glass		
STREET ADDRESS	100 WEST ST			2.3 STREET ADDRESS	One CVS Drive		
CITY-ST-ZIP	PITTFIELD MA 01201			2.4 CITY-ST-ZIP	Woonsocket RI 02895		
TITLE	ASAT	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEGROCKI, DONALD			3.2 NAME	Philip C. Galbo		
STREET ADDRESS	100 WEST ST			3.3 STREET ADDRESS	One CVS Drive		
CITY-ST-ZIP	PITTFIELD MA 01201			3.4 CITY-ST-ZIP	Woonsocket RI 02895		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS	see also attached		
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

8/25/97 H01-745 1500X-3565

CR2E034 (4/97)

## **OFFICERS AND DIRECTORS**

### **Directors**

Thomas M. Ryan  
Daniel Nelson  
Charles Conaway

280 Irving Ave., Providence, RI 02906  
26 Brookfield Rd., Dover, MA 02030  
15 Signal Ridge Way, E. Greenwich, RI 02818

### **Officers**

### **President**

Zenon P. Lankowsky

4 Francis Farm Rd., Harrisville, RI 02830

### **Vice President**

Diane McMonagle-Glass  
Robert E. Nault

80 Oak Point, Wrentham, MA 02093  
19 Winchester Lane, N. Smithfield, RI 02896

### **Treasurer**

Philip Galbo

100 Watch Hill, E. Greenwich, RI 02818

### **Secretary**

Diane McMonagle-Glass

80 Oak Point, Wrentham, MA 02093

### **Assistant Secretary**

Jill Goddard  
Thomas S. Moffatt

15 Sanderson Avenue, Dedham, MA 02026  
11 Charles Street, Dedham, MA 02026

**BUSINESS ADDRESS:**  
One CVS Drive  
Woonsocket, RI 02895