


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

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000065195 (7)

1. Corporation Name  
**GREAT MALL KAY-BEE TOY, INC.**



Principal Place of Business <b>100 WEST ST PITTSFIELD MA 01201 US</b>	Mailing Address <b>100 WEST ST PITTSFIELD MA 01201 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b> One CVS Drive		3. Date Incorporated or Qualified <b>09/06/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b> Legal Dept		4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
City & State <b>23</b>		City & State <b>28</b> Woonsocket RI		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b> 02895	Country <b>30</b> USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent <b>UNITED STATES CORPORATION COMPANY 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301</b>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code <b>FL</b>

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 <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FINE, ALAN</b>		1.2 NAME <b>Zenon P. Lankowsky</b>	
STREET ADDRESS <b>100 WEST ST</b>		1.3 STREET ADDRESS <b>One CVS Drive</b>	
CITY-ST-ZIP <b>PITTSFIELD MA 01201</b>		1.4 CITY-ST-ZIP <b>Woonsocket RI 02895</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>V/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HENDRIX, JOHN</b>		2.2 NAME <b>Diane McMonagle Glass</b>	
STREET ADDRESS <b>100 WEST ST</b>		2.3 STREET ADDRESS <b>One CVS Drive</b>	
CITY-ST-ZIP <b>PITTSFIELD MA 01201</b>		2.4 CITY-ST-ZIP <b>Woonsocket RI 02895</b>	
TITLE <b>ASAT</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WEGROCKI, DONALD B</b>		3.2 NAME <b>Philip C. Galbo</b>	
STREET ADDRESS <b>100 WEST ST</b>		3.3 STREET ADDRESS <b>One CVS Drive</b>	
CITY-ST-ZIP <b>PITTSFIELD MA 01201</b>		3.4 CITY-ST-ZIP <b>Woonsocket RI 02895</b>	
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 <b>see also attached</b>	
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: *Thomas S. Moffatt* 8/25/97 401-765-1500x3565

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