


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90029 008 ***150.00

DOCUMENT # 825797

1. Entity Name
HALLMARK MARKETING CORPORATION



Principal Place of Business Mailing Address

2501 MC GEE **ATTN: TAX DEPT. 407**
MAIL DROP 407 **BOX 419479**
KANSAS CITY, MO 64141 US **KANSAS CITY, MO 64141**

40052519



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

03212008 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number Applied For

43-0820871 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

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

City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PAOLETTI, STEVE	
STREET ADDRESS	12706 CEDAR	
CITY-ST-ZIP	LEAWOOD, KS 66209	
TITLE	V	<input type="checkbox"/> Delete
NAME	KATZ, BERRY	
STREET ADDRESS	11333 HEMLOCK	
CITY-ST-ZIP	OVERLAND PARK, KS 66210	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HARTLEY, KEVIN	
STREET ADDRESS	16 F STREET	
CITY-ST-ZIP	LAKE LOTAWANA, MO 64086	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCKINNEY, BRUCE	
STREET ADDRESS	10423 WEST 126TH STREET	
CITY-ST-ZIP	OVERLAND PARK, KS 66213	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Katz, Barry	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Macpherson, Lisa	
STREET ADDRESS	4813 West 148th	
CITY-ST-ZIP	Leawood, KS 66224	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Boike, James	
STREET ADDRESS	1001 West 66th Street	
CITY-ST-ZIP	Kansas City, MO 64113	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3-24-08 816-545-6980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Kevin M. Hartley
 Assistant Secretary