

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 825797

**FILED**  
**Mar 16, 2009**  
**Secretary of State**

**Entity Name:** HALLMARK MARKETING CORPORATION

**Current Principal Place of Business:**

2501 MC GEE  
MAIL DROP 407  
KANSAS CITY, MO 64141 US

**New Principal Place of Business:**

2501 MC GEE  
MAIL DROP 407  
KANSAS CITY, MO 64108 US

**Current Mailing Address:**

ATTN: TAX DEPT. 407  
BOX 419479  
KANSAS CITY, MO 64141

**New Mailing Address:**

**FEI Number:** 43-0820871      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PAOLETTI, STEVE  
Address: 12706 CEDAR  
City-St-Zip: LEAWOOD, KS 66209

Title: V ( ) Delete  
Name: KATZ, BARRY  
Address: 11333 HEMLOCK  
City-St-Zip: OVERLAND PARK, KS 66210

Title: AS ( ) Delete  
Name: HARTLEY, KEVIN  
Address: 16 F STREET  
City-St-Zip: LAKE LOTAWANA, MO 64086

Title: T ( ) Delete  
Name: MCKINNEY, BRUCE  
Address: 10423 WEST 126TH STREET  
City-St-Zip: OVERLAND PARK, KS 66213

Title: V ( ) Delete  
Name: MACPHERSON, LISA  
Address: 4813 WEST 148TH  
City-St-Zip: LEAWOOD, KS 66224

Title: V ( ) Delete  
Name: BOIKE, JAMES  
Address: 1001 WEST 66TH STREET  
City-St-Zip: KANSAS CITY, MO 64113

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: KEVIN M HARTLEY

AS

03/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date