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**Apr 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 825797 (4)
1. Corporation Name
HALLMARK MARKETING CORPORATION



Principal Place of Business
**2501 MC GEE
MAIL DROP 407
KANSAS CITY MO 64141
US**

Mailing Address
**ATTN: TAX DEPT. 407
BOX 419479
KANSAS CITY MO 64141-6479**

3. Date Incorporated or Qualified **02/22/1971** 3a. Date of Last Report **05/01/1996**

4. FEI Number **43-0820871** Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	FIRNHABER, ROBERT	
STREET ADDRESS	3521 W 87TH ST	
CITY-ST-ZIP	LEAWOOD KS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HALL, DONALD J	
STREET ADDRESS	6320 ABERDEEN RD	
CITY-ST-ZIP	SHAWNEE MISSION KS	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	EGAN, CHARLES J JR	
STREET ADDRESS	712 E. 47TH STREET	
CITY-ST-ZIP	KANSAS CITY MO	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCHWAB, MARK	
STREET ADDRESS	5523 CRESTWOOD DR	
CITY-ST-ZIP	KANSAS CITY MO	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GOODWIN, J. D	
STREET ADDRESS	10101 PAWNEE LANE	
CITY-ST-ZIP	LEAWOOD KS	
TITLE	TO	<input checked="" type="checkbox"/> DELETE
NAME	BENSON, ROBERT	
STREET ADDRESS	8108 NORTHWEST OVERLAND DRIVE	
CITY-ST-ZIP	KANSAS CITY MO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	V Sturgeon, Rod
3.3 STREET ADDRESS	16950 206th Street
3.4 CITY-ST-ZIP	Tonganoxie, KS, 66086
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	AS Chalker, Richard B.
5.3 STREET ADDRESS	8930 Catalina Drive
5.4 CITY-ST-ZIP	Prairie Village, KS. 66207
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	T McKinney, Bruce
6.3 STREET ADDRESS	10423 West 126th Street
6.4 CITY-ST-ZIP	Overland Park, KS. 66213

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: **Richard B. Chalker** *Richard B. Chalker* 4/3/97 (816) 274-4170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)