

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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**Mar 03 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

3. Date Incorporated or Qualified 02/22/1971	
4. FEI Number 43-0820871	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	

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	85 Zip Code
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	FL

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DC	<input checked="" 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 type="checkbox"/> DELETE
NAME	STURGEON, ROD	
STREET ADDRESS	16950 208TH STREET	
CITY-ST-ZIP	TONGANOXIE KS	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCHWAB, MARK	
STREET ADDRESS	5523 CRESTWOOD DR	
CITY-ST-ZIP	KANSAS CITY MO	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CHALKER, RICHARD B	
STREET ADDRESS	8830 CATALINA DRIVE	
CITY-ST-ZIP	PRAIRIE VILLAGE KS	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCKINNEY, BRUCE	
STREET ADDRESS	10423 WEST 128TH STREET	
CITY-ST-ZIP	OVERLAND PARK KS	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Don Fletcher	
1.3 STREET ADDRESS	2128 Oak Crest Drive	
1.4 CITY-ST-ZIP	Liberty, Missouri 64068	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	5801 Oakwood Road	
2.4 CITY-ST-ZIP	Shawnee Mission, Kansas 66208	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, Assistant Secretary 816-274-4170**

CR2E034 (10/97)