

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

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90238 010 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 825797

1. Corporation Name  
**HALLMARK MARKETING CORPORATION**



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified  
**02/22/1971**

4. FEI Number  
**43-0820871**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DON FLETCHER	1.2 NAME	
STREET ADDRESS	2128 OAK CREST DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LIBERTY MO 64068	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, DONALD J	2.2 NAME	
STREET ADDRESS	5801 OAKWOOD RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SHAWNEE MISSION KS 66208	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURGEON, ROD	3.2 NAME	
STREET ADDRESS	16950 206TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	TONGANOXIE KS	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWAB, MARK	4.2 NAME	VP
STREET ADDRESS	5523 CRESTWOOD DR	4.3 STREET ADDRESS	WEAVER, DENNIS
CITY-ST-ZIP	KANSAS CITY MO	4.4 CITY-ST-ZIP	12624 JUNIPER CIRCLE LEAWOOD, KANSAS 66208
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHALKER, RICHARD B	5.2 NAME	
STREET ADDRESS	8830 CATALINA DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PRAIRIE VILLAGE KS	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINNEY, BRUCE	6.2 NAME	
STREET ADDRESS	10423 WEST 126TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS	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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Richard B. Chalker* 3/4/99 816-274-4170  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)