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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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/22/1971

| | | | |
|--------------------------------|------------------------|---|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 43-0820871 | Not Applicable |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 Country | 29 Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | Yes 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
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

| | | |
|----------------|-------------------------|--|
| 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)