

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90113 045 ***150.00

DOCUMENT # 825797

1. Entity Name
HALLMARK MARKETING CORPORATION

Principal Place of Business

Mailing Address

MC GEE
 DROP 407
 CITY MO 64141

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **43-0820871**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC** ☐ Delete
 NAME **DON FLETCHER**
 STREET ADDRESS **2128 OAK CREST DR**
 CITY-ST-ZIP **LIBERTY MO 64068**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **HALL, DONALD J**
 STREET ADDRESS **5801 OAKWOOD RD**
 CITY-ST-ZIP **SHAWNEE MISSION KS 66208**

TITLE **DP** ☒ Change ☐ Addition
 NAME **Paolletti, Steve**
 STREET ADDRESS **12706 Cedar**
 CITY-ST-ZIP **Leawood, Kansas 66209**

TITLE **V** ☐ Delete
 NAME **STURGEON, ROD**
 STREET ADDRESS **16950 206TH STREET**
 CITY-ST-ZIP **TONGANOXIE KS**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **WEAVER, DENNIS**
 STREET ADDRESS **12624 JUNIPER CIRCLE**
 CITY-ST-ZIP **LEAWOOD KS 66208**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AS** ☐ Delete
 NAME **CHALKER, RICHARD B**
 STREET ADDRESS **8830 CATALINA DRIVE**
 CITY-ST-ZIP **PRAIRIE VILLAGE KS**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **MCKINNEY, BRUCE**
 STREET ADDRESS **10423 WEST 126TH STREET**
 CITY-ST-ZIP **OVERLAND PARK KS**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

Richard B. Chalker
 Richard B. Chalker, Assistant Secretary

2/28/00

816-274-4170

Date

Daytime Phone #

CR2E034 (9/99)