

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

03-10-1999 90238 013 ***150.00

DOCUMENT # **845456**

1. Corporation Name

HALLMARK SPECIALTY RETAIL GROUP, INC.

Principal Place of Business

**2501 MCGEE
P O BOX 41947 TAX 407
KANSAS CITY MO 64141
US**

Mailing Address

**2501 MCGEE
P O BOX 419479 TAX 407
KANSAS CITY MO 64141
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1980

4. FEI Number

43-1188220

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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 **25**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
NAME
ROD STURGEON
STREET ADDRESS
16950 206TH ST
CITY-ST-ZIP
TONGANOXIE KA 66086**

TITLE ☐ DELETE

**P
NAME
HOFFERBERTH, ANN M
STREET ADDRESS
4845 ALDEN RD
CITY-ST-ZIP
SHAWNEE KS**

TITLE ☐ DELETE

**VS
NAME
WHITTAKER, JUDITH
STREET ADDRESS
5900 MISSION DRIVE
CITY-ST-ZIP
MISSION HILLS KS**

TITLE ☐ DELETE

**V
NAME
WEAVER, DENNIS
STREET ADDRESS
1264 JUNIPER CIRCLE
CITY-ST-ZIP
LEAWOOD KS 66209**

TITLE ☐ DELETE

**AS
NAME
CHALKER, RICHARD B
STREET ADDRESS
8830 CATALINA DR
CITY-ST-ZIP
PRAIRIE VILLAGE KS**

TITLE ☐ DELETE

**V
NAME
BENSON, LARRY
STREET ADDRESS
12847 WESTGATE
CITY-ST-ZIP
OVERLAND PARK KS 66213**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V

**GRECIAN, JERRY
13819 WOODWARD
OVERLAND PARK, KANSAS 66223**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

3/4/99

Date

Daytime Phone #

816-274-4170

CR2E034 (1/98)