

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

03-06-2000 90067 029 \*\*\*150.00

**DOCUMENT # 845456**

1. Entity Name

**HALLMARK SPECIALTY RETAIL GROUP, INC.**

Principal Place of Business

Mailing Address

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

2501 MCGEE  
 P O BOX 419479 TAX 407  
 KANSAS CITY MO 64141-6479  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**43-1188220**

Applied For

Not Applicable

Zip

Country

Zip

Country

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROD STURGEON</b>	
STREET ADDRESS	<b>16950 206TH ST</b>	
CITY-ST-ZIP	<b>TONGANOXIE KA 66086</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HOFFERBERTH, ANN M</b>	
STREET ADDRESS	<b>4845 ALDEN RD</b>	
CITY-ST-ZIP	<b>SHAWNEE KS</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>WHITTAKER, JUDITH</b>	
STREET ADDRESS	<b>5900 MISSION DRIVE</b>	
CITY-ST-ZIP	<b>MISSION HILLS KS</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>WEAVER, DENNIS</b>	
STREET ADDRESS	<b>1264 JUNIPER CIRCLE</b>	
CITY-ST-ZIP	<b>LEAWOOD KS 66209</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>CHALKER, RICHARD B</b>	
STREET ADDRESS	<b>8830 CATALINA DR</b>	
CITY-ST-ZIP	<b>PRAIRIE VILLAGE KS</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>GRECIAN, JERRY</b>	
STREET ADDRESS	<b>13819 WOODWARD</b>	
CITY-ST-ZIP	<b>OVERLAND PARK KS 66223</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 like empowered.

SIGNATURE:

*Richard B. Chalker*  
 RICHARD B. CHALKER, Assistant Secretary

2/28/00

816-274-4170

Date

Daytime Phone #