

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

**FILED**  
**May 08 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 851339** (2)

1. Corporation Name  
**RUSSELL STOVER CANDIES, INC.**



Principal Place of Business: **1000 WALNUT STREET KANSAS CITY MO 64106-2199**

Mailing Address: **1000 WALNUT STREET KANSAS CITY MO 64106-2107**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		12/21/1981	04/29/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		43-1243415	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARD, SCOTT H		1.2 NAME		
STREET ADDRESS	1217 W. 55TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY, MO 00000		1.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARD, THOMAS		2.2 NAME		
STREET ADDRESS	2920 VERONA ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	SHAWNEE MISSION KS		2.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'HARA, LINDA L		3.2 NAME		
STREET ADDRESS	9 LITZINGER		3.3 STREET ADDRESS	9 Fordyce Lane	
CITY-ST-ZIP	ST LOUIS MO		3.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARD, ADELAIDE C.		4.2 NAME		
STREET ADDRESS	1240 W. 57TH TERRACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO		4.4 CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARD, SCOTT H		5.2 NAME		
STREET ADDRESS	1217 WEST 55 STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do 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 or in an attachment with an address.

SIGNATURE: *[Signature]* Asst. Treasurer/Controller 4/17/97 (816) 842-9240

CR2E034 (9/96)

**RUSSELL STOVER CANDIES, INC.  
DIRECTORS**

<u>NAME</u>	<u>RESIDENCE</u>	<u>SOCIAL SECURITY NUMBER</u>
Adelaide C. Ward	1240 West 57th Terrace Kansas City, Missouri 64113	099-30-4026
Thomas S. Ward	2920 Verona Road Shawnee Mission, Kansas 66208	492-50-1848
Scott H. Ward	1217 West 55th Street Kansas City, Missouri 64113	492-50-1854
Linda W. O'Hara	9 Fordyce Lane St. Louis, Missouri 63124	500-64-5328

**RUSSELL STOVER CANDIES, INC.  
OFFICERS**

**NAME**

**TITLE**

✓ Scott H. Ward

President

✓ Thomas S. Ward

President and Chief Operating  
Officer; Secretary

✓ Adelaide C. Ward

Vice President

✓ Linda W. O'Hara

Vice President

✓ Richard Masinton

Chief Financial Officer

✓ Robinn Weber

Vice President of Human  
Resources

✓ Robert Maack

Vice President of Purchasing,  
Scheduling, Distribution and  
Data Processing

✓ Harold Wattjes

Vice President of Manufacturing

✓ Rick Wolstenholm

Vice President  
Eastern Field Sales

✓ Jack Carr

Treasurer

✓ Jesse Freeman

Vice President of Distribution

✓ John Lascoe

Assistant Treasurer/  
Controller

✓ Donald Robbins

Chief Operating Officer of Ward  
Paper Box, A Division of Russell  
Stover Candies, Inc.

✓ Darrin Buehler

Assistant Vice President of  
Purchasing

Brian Calovich

Assistant Vice President of  
Engineering

✓ Gary Winder

Vice President  
International Sales