


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 04, 1999 8:00 am
Secretary of State

08-04-1999 90004 046 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 851339		
1. Corporation Name RUSSELL STOVER CANDIES, INC.		

Principal Place of Business 1000 WALNUT STREET KANSAS CITY MO 64106-2198	Mailing Address 1000 WALNUT STREET KANSAS CITY MO 64106-2198
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4900 Oak Street Suite, Apt. #, etc.		2a. Mailing Address 26 4900 Oak Street Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/21/1981	
22 Attn: John Lascoe City & State		27 Attn: John Lascoe City & State		4. FEI Number 43-1243415 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
23 Kansas City, MO Zip		28 Kansas City, MO Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 64112		29 64112		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 USA		30 USA		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
				85 Zip Code FL	

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				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 type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	O'HARA, LINDA L			3.2 NAME			
STREET ADDRESS	9 FORDYCE LANE			3.3 STREET ADDRESS			
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		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				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 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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer/Controller 7/28/99 (816) 842-9240

Date

Daytime Phone #

CR2E034 (5/99)

0120067

**RUSSELL STOVER CANDIES, INC.
OFFICERS**

851339
600523-90004-46

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 S. 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 of Eastern Field Sales
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.
Mark Frame	Vice President of International New Market Development
Paul Billington	Vice President of Finance
Brian Berish	Vice President of Marketing
Brian Calovich	Vice President of Engineering
Darrin Buehler	Vice President of Purchasing
Walter Webster	Vice President of Quality Control
Robert L. Love	Senior Vice President
Steve Boyer	Vice President of Distribution Operations

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**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