


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004 08:00 AM
Secretary of State

DOCUMENT # 851339	
1. Entity Name RUSSELL STOVER CANDIES, INC.	

Principal Place of Business 4900 OAK STREET ATTN: ACCOUNTING KANSAS CITY, MO 64112 US	Mailing Address 4900 OAK STREET ATTN: ACCOUNTING KANSAS CITY, MO 64112 US
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DO NOT WRITE IN THIS SPACE



03232004 No Chg-P CR2E034 (10/03)

4. FEI Number 43-1243415	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00


9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000104417
 04/06/04-80009-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARD, SCOTT H 1217 W. 55TH ST KANSAS CITY, MO 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WARD, THOMAS 2920 VERONA ROAD SHAWNEE MISSION, KS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'HARA, LINDA L 9 FORDYCE LANE ST LOUIS, MO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WARD, ADELAIDE C. 5049 WORNAIL ROAD 3CD KANSAS CITY, MO 64112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  V. P. Controller 3/29/04 (816)842-9240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #