2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # 851339

1. Entity Name
RUSSELL STOVER CANDIES, INC.

Principal Place of Business	Mailing Address
4900 OAK STREET ATTN: ACCOUNTING KANSAS CITY, MO 64112 US	4900 OAK STREET ATTN: ACCOUNTING KANSAS CITY, MO 64112 US

04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-1243415
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WARD, SCOTT H
STREET ADDRESS	1217 W. 55TH ST
CITY-ST-ZIP	KANSAS CITY, MO 00000,
TITLE	S
NAME	WARD, THOMAS
STREET ADDRESS	2920 VERONA ROAD
CITY-ST-ZIP	SHAWNEE MISSION, KS
TITLE	VD
NAME	O'HARA, LINDA L
STREET ADDRESS	2601 S WARSON RD
CITY-ST-ZIP	SAINT LOUIS, MO 63124
TITLE	VP
NAME	WARD, ADELAIDE C.
STREET ADDRESS	5049 WORNALL ROAD 3CD
CITY-ST-ZIP	KANSAS CITY, MO 64112
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000719571
05/01/07-80069-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Louise Cox VP Finance & Asst. Treasurer 4|11|07 (816)842-9240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #