

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90019 044 ***150.00

DOCUMENT # F95000002794

1. Corporation Name

HALLMARK LICENSING, INC.

Principal Place of Business

2440 PERSHING ROAD
STE 300
KANSAS CITY MO 64108

Mailing Address

P.O. BOX 417479
TAX #407
KANSAS CITY MO 64141-6479
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

06/09/1995

4. FEI Number

43-1662389

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE D ☐ DELETE

NAME DON FLETCHER
STREET ADDRESS 2128 OAK CREST DR
CITY-ST-ZIP LIBERTY MO 64068

TITLE P ☐ DELETE

NAME SULLIVAN, JOHN
STREET ADDRESS 10511 W. 126TH TERR
CITY-ST-ZIP OVERLAND PARK KS

TITLE V ☐ DELETE

NAME STEDEM, DEANNE
STREET ADDRESS 1002 WEST 63RD ST
CITY-ST-ZIP KANSAS CITY MO

TITLE VD ☐ DELETE

NAME WHITTAKER, JUDITH
STREET ADDRESS 5900 MISSION DRIVE
CITY-ST-ZIP MISSION HILLS KS

TITLE VT ☐ DELETE

NAME MCKINNEY, E B
STREET ADDRESS 10434 WEST 126TH STREET
CITY-ST-ZIP OVERLAND PARK KS

TITLE AS ☐ DELETE

NAME CHALKER, RICHARD B
STREET ADDRESS 8830 CATALINA DR
CITY-ST-ZIP PRAIRIE VILLAGE KS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

11203 West 140 Terrace
Overland Park, KS. 66221

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

Richard B. Chalker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard B. Chalker, Assistant Secretary

3/4/99

Date

816-274-4170

Daytime Phone #

CR2E034 (11/98)