Edgar Filing: KISSINGER JAMES G - Form 4/A

KISSINGE	R JAMES G									
Form 4/A	2004									
November 3	_ ´									
FORM	ORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington D.C. 20549							OMB APPROVAL OMB 3235-028 Number:		
Check th if no lon subject t Section Form 4 o Form 5 obligatio may con <i>See</i> Instr 1(b).	section 17(Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940						Expires: January 31, 2005 Estimated average burden hours per response 0.5		
(Print or Type	Responses)									
KISSINGER JAMES G S			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
			RINT CORP				(Check	k all applicable)	
P.O. BOX 7997 (Street) 4. If Am Filed(M			3. Date of Earliest Transaction (Month/Day/Year) 03/27/2004				Director 10% Owner X Officer (give title Other (specify below) below) Senior Vice President-Human			
			f Amendment, Da ed(Month/Day/Yea /30/2004	-				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person		
SHAWNER	E MISSION, KS (50/2004				Form filed by M Person			
(City)	(State)	(Zip)	Table I - Non-I	Derivative	Secu	rities Acqu	uired, Disposed of,	, or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Dat any (Month/Day/Y	Code	4. Securi or(A) or D (Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
FON			Code V	Amount	(D)	Price	(insu: 3 and 4)			
FON Common Stock	03/27/2004		F	1,616	D	\$ 17.555	53,939	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	Date	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									. .		
									Amount		
						Date	Expiration	m '.1	or		
						Exercisable	Date	Title	Number		
					(A) (D)				of		
				Code V	(A) (D)				Shares		
_											

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Reporting Owners

Reporting Owner Name / Address	Relationships							
I de la companya de la	Director	10% Owner	Officer	Other				
KISSINGER JAMES G								
P.O. BOX 7997			Senior Vice President-Human					
SHAWNEE MISSION, KS 66207								
Signatures								
By: Claudia S. Toussaint For: Jame	es							
Kissinger								
**Signature of Reporting Person		Ι	Date					

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Remarks:

This amendment to the original Form 4 reflects a different transaction share amount which results in a revised amount of share

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.