

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90574 011 \*\*\*150.00

0696721

**DOCUMENT # 847768**

1. Entity Name  
**H & R BLOCK FINANCIAL ADVISORS, INC.**

Principal Place of Business <b>751 GRISWOLD          ATTN: TAX DEPT          DETROIT MI 48226          US</b>	Mailing Address <b>751 GRISWOLD          ATTN: TAX DEPT          DETROIT MI 48226          US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>38-1961943</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

City **FL** Zip Code \_\_\_\_\_

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>FILDES, LISA S</b>	
STREET ADDRESS	<b>751 GRISWOLD</b>	
CITY-ST-ZIP	<b>DETROIT MI</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DZIALO, MICHAEL</b>	
STREET ADDRESS	<b>751 GRISWOLD</b>	
CITY-ST-ZIP	<b>DETROIT MI</b>	
TITLE	<b>CFOV</b>	<input type="checkbox"/> Delete
NAME	<b>SUTTON, MACK H.</b>	
STREET ADDRESS	<b>751 GRISWOLD</b>	
CITY-ST-ZIP	<b>DETROIT MI</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WILSON, BERNARD M</b>	
STREET ADDRESS	<b>751 GRISWOLD</b>	
CITY-ST-ZIP	<b>DETROIT MI 48226</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PATTERSON, DANIEL</b>	
STREET ADDRESS	<b>751 GRISWOLD</b>	
CITY-ST-ZIP	<b>DETROIT MI</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ERNST, MARK</b>	
STREET ADDRESS	<b>751 GRISWOLD</b>	
CITY-ST-ZIP	<b>DETROIT MI 48226</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SVP/Office of President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **2/6/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)