

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 847768

FILED  
Mar 04, 2008  
Secretary of State

Entity Name: H & R BLOCK FINANCIAL ADVISORS, INC.

**Current Principal Place of Business:**

719 GRISWOLD  
SUITE 1700  
DETROIT, MI 48226 US

**New Principal Place of Business:**

**Current Mailing Address:**

719 GRISWOLD  
SUITE 1700  
DETROIT, MI 48226 US

**New Mailing Address:**

FEI Number: 38-1961943      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: FILDES, LISA S,  
Address: 719 GRISWOLD, SUITE1700  
City-St-Zip: DETROIT, MI 48226 US

Title: CE/D ( ) Delete  
Name: COHEN, JOAN K  
Address: ONE H&R BLOCK WAY  
City-St-Zip: KANSAS CITY, MO 64105

Title: D ( ) Delete  
Name: MCASKIN, DAN M  
Address: 719 GRISWOLD, SUITE 1700  
City-St-Zip: DETROIT, MI 48226 US

Title: CFO ( ) Delete  
Name: COHEN, JOAN K  
Address: ONE H&R BLOCK WAY  
City-St-Zip: KANSAS CITY, MO 64105 US

Title: D ( ) Delete  
Name: ALDRIDGE, DOUGLAS R  
Address: 3060 PEACHTREE RD., SUITE 1565  
City-St-Zip: ATLANTA, GA 30305 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P/D (X) Change ( ) Addition  
Name: COHEN, JOAN K  
Address: ONE H&R BLOCK WAY  
City-St-Zip: KANSAS CITY, MO 64105

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO (X) Change ( ) Addition  
Name: MOZAK, PAUL L  
Address: 719 GRISWOLD, SUITE 1700  
City-St-Zip: DETROIT, MI 48226 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA S. FILDES

S

03/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date