

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001979

Entity Name: HRB TAX GROUP, INC.

FILED
Apr 12, 2010
Secretary of State

Current Principal Place of Business:

ONE H&R BLOCK WAY
KANSAS CITY, MO 64105

New Principal Place of Business:

Current Mailing Address:

PO BOX 32208
KANSAS CITY, MO 64171 52

New Mailing Address:

PO BOX 32208
KANSAS CITY, MO 641715208

FEI Number: 43-1871840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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: VP/S
Name: SCHMIDT, BRIAN H
Address: ONE H&R BLOCK WAY
City-St-Zip: KANSAS CITY, MO 64105

Title: P/D
Name: SMYTH, RUSSELL P
Address: ONE H&R BLOCK WAY
City-St-Zip: KANSAS CITY, MO 64105

Title: VP/T
Name: BROWN, JEFFREY T
Address: ONE H&R BLOCK WAY
City-St-Zip: KANSAS CITY, MO 64105

Title: CFO
Name: SCHELL, BRIAN N
Address: ONE H&R BLOCK WAY
City-St-Zip: KANSAS CITY, MO 64105

Title: SVP
Name: TREAT, KENNETH E JR.
Address: ONE H&R BLOCK WAY
City-St-Zip: KANSAS CITY, MO 64105

Title: AT
Name: KARLIN, JAMES E
Address: ONE H&R BLOCK WAY
City-St-Zip: KANSAS CITY, MO 64105

I hereby 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 all other like empowered.

SIGNATURE: JAMES E. KARLIN

AT

04/12/2010

Electronic Signature of Signing Officer or Director

_____ Date