

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001979

Entity Name: HRB TAX GROUP, INC.

FILED  
Apr 10, 2012  
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 641715208

**New Mailing Address:**

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

**OFFICERS AND DIRECTORS:**

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

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

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

Title: VP  
Name: ADAMS, RANDY  
Address: ONE H&R BLOCK WAY  
City-St-Zip: KANSAS CITY, MO 64105

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

Title: AT  
Name: PHILLIPS, THOMAS  
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: THOMAS PHILLIPS

AT

04/10/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date