

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000748

1. Entity Name

H & R BLOCK INSURANCE SERVICES, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90253 022 ***150.00

Principal Place of Business

4400 MAIN STREET
KANSAS CITY MO 64111

Mailing Address

4400 MAIN STREET
KANSAS CITY MO 64111

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **43-1808378**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-statuting)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SALIZZONI, FRANK L 4400 MAIN STREET KANSAS CITY MO 64111	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT WENICH, OZZIE 4400 MAIN STREET KANSAS CITY MO 64111	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV CROZIER, MICHELLE 4400 MAIN STREET KANSAS CITY MO 64111	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COX, JOHN R 4400 MAIN STREET KANSAS CITY MO 64111	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T Frank J. Cotroneo II 4400 Main Street Kansas City, MO 64111	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Cheryl L. Givens 4400 Main Street Kansas City, MO 64111	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S (Assistant) Monica Lewis Johnson 4400 Main Street Kansas City, MO 64111	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T (Assistant) Timothy R. Mertz 4400 Main Street Kansas City, MO 64111	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy R. Mertz

4-2-01

816-753-6900

Date

Daytime Phone #

CR2E034 (10/00)

H&R Block Insurance Services, Inc.
List of Officers & Directors
2001

attachment

827724

#798 000000748

<u>Name & Title</u>	<u>Business Address</u>	<u>Residence Address</u>
Frank L. Salizzoni President, Chief Executive Officer & Director	4400 Main Street Kansas City, MO 64111	5720 Oakwood Road Mission Hills, KS 66208
Frank J. Cotroneo II Senior Vice President, Chief Financial Officer & Treasurer	4400 Main Street Kansas City, MO 64111	11709 High Drive Leawood, KS 66211
Cheryl L. Givens Vice President	4400 Main Street Kansas City, MO 64111	5903 N. Mattox Ct. Kansas City, MO 64151
Monica Lewis Johnson Assistant Secretary	4400 Main Street Kansas City, MO 64111	2225 W. 121st Street Leawood, KS 66209
Timothy R. Mertz Assistant Treasurer	4400 Main Street Kansas City, MO 64111	8404 W. 98 th Terrace Overland Park, KS 66212