## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000003923

Entity Name: RSM MCGLADREY, INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business:			New Prin	New Principal Place of Business:	
1185 AVE OF THE AMERICAS - 8TH FL. NEW YORK, NY 100362604 US			3600 AME BLOOMIN	3600 AMERICAN BLVD. WEST, THIRD FLOOR BLOOMINGTON, MN 554311082 US	
Current Mailing Address:			New Mai	New Mailing Address:	
P.O. BOX 32208 KANSAS CITY, MO 641715208 US					
FEI Number:	41-1944416	FEI Number Applied For ( )	El Number Not Ap	pplicable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Na			Name an	nd Address of New Registered Agent:	
1200 SOUT	ORATION SYS TH PINE ISLANI DN, FL 33324				
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 Cam	paign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS: ADI				ONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	TAIT, STEVEN ONE H&R BLOCK KANSAS CITY, M	0 64105 Delete KWAY	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition TAIT, STEVEN 3600 AMERICAN BLVD. WEST, THIRD FLOOR	
Title: Name: Address: City-St-Zip:	NOONAN, RICHA 3600 AMERICAN BLOOMINGTON,	BOULEVARD WEST, 3RD FL MN 55431	Title: Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	T () E ORDOGNE, REN 20 N. MARTINGA SCHAUMBURG, I	LE RD.	Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition ORDOGNE, RENE 3600 AMERICAN BLVD. WEST, THIRD FLOOR b: BLOOMINGTON, MN 554311082	
Title: Name: Address: City-St-Zip:	S () E FONTAINE, PETE ONE S. WACKER CHICAGO, IL 60	RDRIVE	Title: Name: Address: City-St-Zip:	S (X) Change ( ) Addition FONTAINE, PETER 3600 AMERICAN BLVD. WEST, THIRD FLOOR D: BLOOMINGTON, MN 554311082	
Title: Name: Address: City-St-Zip:	AT () E PHILLIPS, THOM ONE H&R BLOCK KANSAS CITY, M	< WAY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: THOMAS PHILLIPS AT 04/27/2009