2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004
Secretary of State

DOCUMENT# P40218

Entity Name: HRB PROPERTY CORPORATION

Current Principal Place of Business:

719 GRISWOLD
SUITE 1700
DETROIT, MI 48226

New Principal Place of Business:

Current Mailing Address:

719 GRISWOLD
SUITE 1700
DETROIT, MI 48226

New Mailing Address:

FEI Number: 38-3050688 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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: P/D ( ) Delete
Name: NYGAARD, BRIAN L
Address: 4400 MAIN STREET
City-St-Zip: KANSAS CITY, MO 64111 US

Title: D ( ) Delete
Name: FITZGERALD, THOMAS P
Address: 719 GRISWOLD, SUITE 1700
City-St-Zip: DETROIT, MI 48226 US

Title: S ( ) Delete
Name: FILDES, LISA
Address: 719 GRISWOLD, SUITE 1700
City-St-Zip: DETROIT, MI 48226

Title: T ( ) Delete
Name: COHEN, JOAN K
Address: 4400 MAIN STREET
City-St-Zip: KANSAS CITY, MO 64111 US

Title: AS (X) Delete
Name: ANDREW, DAVID C
Address: 719 GRISWOLD, SUITE 1700
City-St-Zip: DETROIT, MI 48226 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: AS (X) Change ( ) Addition
Name: ANDREW, DAVID C
Address: 719 GRISWOLD, SUITE 1700
City-St-Zip: DETROIT, MI 48226

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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 SECR 04/16/2004

Electronic Signature of Signing Officer or Director — Date