

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000000990

**Entity Name:** HRB SUPPLY LLC

**Current Principal Place of Business:**

ONE H&R BLOCK WAY  
KANSAS CITY, MO 64105

**Current Mailing Address:**

CORPORATE TAX DEPT  
PO BOX 32208  
KANSAS CITY, MO 64171-5208 US

**FEI Number:** 26-1354964

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Authorized Person(s) Detail :**

Title ASST. SECRETARY  
Name ANTHONY, TAYLOR J  
Address ONE H&R BLOCK WAY  
City-State-Zip: KANSAS CITY MO 64105

Title VP, SECRETARY  
Name HAYNES, KATHARINE M  
Address ONE H&R BLOCK WAY  
City-State-Zip: KANSAS CITY MO 64105

Title ASSISTANT TREASURER  
Name HORTON, MATTHEW B  
Address ONE H&R BLOCK WAY  
City-State-Zip: KANSAS CITY MO 64105

Title AUTHORIZED MEMBER  
Name H&R BLOCK MANAGEMENT, LLC  
Address ONE H&R BLOCK WAY  
City-State-Zip: KANSAS CITY MO 64105

Title VP  
Name WHITE, DANIEL J  
Address ONE H&R BLOCK WAY  
City-State-Zip: KANSAS CITY MO 64105

Title VICE PRESIDENT  
Name LOGERWELL, KELLIE L  
Address ONE H&R BLOCK WAY  
City-State-Zip: KANSAS CITY MO 64105

Title PRESIDENT  
Name BOWEN, TONY G  
Address ONE H&R BLOCK WAY  
City-State-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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** AUBREY HOLDEN

**VICE PRESIDENT**

**04/23/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date