

1.) CORPORATION NAME:

H&R Block Tax and Business Services, Inc.

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1617150**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE H&R BLOCK WAY

CITY/ST/ZIP: KANSAS CITY, MO 64105

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JASON L HOUSEWORTH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	ONE H&R BLOCK WAY		
CITY/ST/ZIP/CO:	KANSAS CITY, MO 64105		
NAME:	VINCENT C CLARK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE H&R BLOCK WAY		
CITY/ST/ZIP/CO:	KANSAS CITY, MO 64105		
NAME:	BRANT WILSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE H&R BLOCK WAY		
CITY/ST/ZIP/CO:	KANSAS CITY, MO 64105		
NAME:	SCOTT W ANDREASEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	ONE H&R BLOCK WAY		
CITY/ST/ZIP/CO:	KANSAS CITY, MO 64105		
NAME:	VINCENT C CLARK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	ONE H&R BLOCK WAY		
CITY/ST/ZIP/CO:	KANSAS CITY, MO 64105		
NAME:	GINA M MONGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	ONE H&R BLOCK WAY		
CITY/ST/ZIP/CO:	KANSAS CITY, MO 64105		

NAME: THOMAS PHILLIPS TITLE: ASST TREASURER ADDRESS: ONE H&R BLOCK WAY CITY/ST/ZIP/CO: KANSAS CITY, MO 64105	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SCOTT W ANDREASEN TITLE: VICE PRESIDENT ADDRESS: ONE H&R BLOCK WAY CITY/ST/ZIP/CO: KANSAS CITY, MO 64105	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: PRISCILLA E DUNCAN TITLE: ASST SECRETARY ADDRESS: ONE H&R BLOCK WAY CITY/ST/ZIP/CO: KANSAS CITY, MO 64105	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ERIC VANAUKEN TITLE: ASST TREASURER ADDRESS: ONE H&R BLOCK WAY CITY/ST/ZIP/CO: KANSAS CITY, MO 64105	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ JASON L HOUSEWORTH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JASON L HOUSEWORTH, PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/8/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		