

11-07-2000



101508256

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

No meth...

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

New 10-10-00

Resubmission (Non-Recordation)
Document ID #

Correction of PTO Error
Reel # Frame #

Corrective Document
Reel # Frame #

Conveyance Type

Assignment License

Security Agreement Nunc Pro Tunc Assignment

Merger Effective Date
Month Day Year
08012000

Change of Name

Other

Conveying Party

Mark if additional names of conveying parties attached

Name Execution Date
Month Day Year
08012000

Formerly

Individual General Partnership Limited Partnership Corporation Association

Other

Citizenship/State of Incorporation/Organization

Receiving Party

Mark if additional names of receiving parties attached

Name

DBA/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)
City State/Country Zip Code

Individual General Partnership Limited Partnership If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

Corporation Association

Other

Citizenship/State of Incorporation/Organization

FOR OFFICE USE ONLY

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

TRADEMARK
REEL: 002168 FRAME: 0949

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Correspondent Name and Address

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages Enter the total number of pages of the attached conveyance document including any attachments. #

Trademark Application Number(s) or Registration Number(s)

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)			Registration Number(s)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1991145"/>	<input type="text" value="1994647"/>	<input type="text" value="1880560"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1878272"/>	<input type="text" value="1830570"/>	<input type="text" value="1792913"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1760272"/>	<input type="text" value="1791572"/>	<input type="text" value="1811662"/>

Number of Properties Enter the total number of properties involved. #

Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$

Method of Payment: Enclosed Deposit Account

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number: #

Authorization to charge additional fees: Yes No

Statement and Signature

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

Lisa S. Fildes

10062000

Name of Person Signing

Signature

Date Signed

**RECORDATION FORM COVER SHEET
CONTINUATION
TRADEMARKS ONLY**

FORM PTO-1618C
Expires 06/30/99
OMB 0651-0027

U.S. Department of Commerce
Patent and Trademark Office
TRADEMARK

Conveying Party

Enter Additional Conveying Party

Mark if additional names of conveying parties attached

Execution Date

Month Day Year

Name

Formerly

Individual General Partnership Limited Partnership Corporation Association

Other

Citizenship State of Incorporation/Organization

Receiving Party

Enter Additional Receiving Party

Mark if additional names of receiving parties attached

Name

DBA/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)

City

State/Country

Zip Code

Individual General Partnership Limited Partnership

Corporation Association

Other

Citizenship/State of Incorporation/Organization

If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached (Designation must be a separate document from the Assignment.)

Trademark Application Number(s) or Registration Number(s)

Mark if additional numbers attached

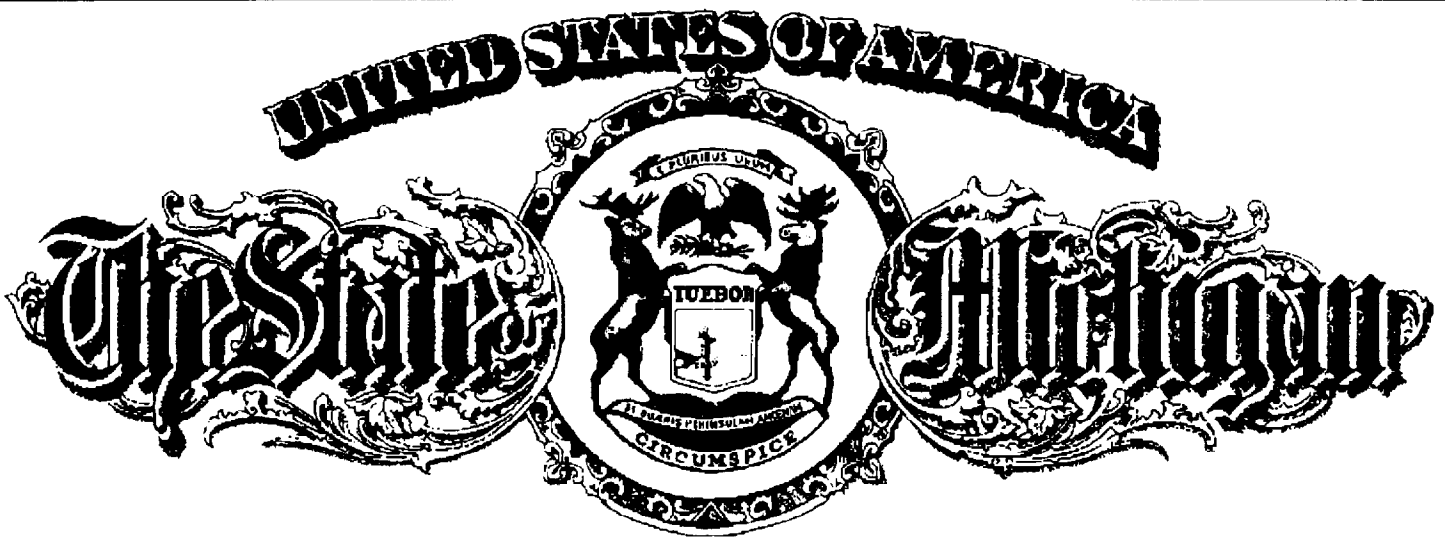
Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Registration Number(s)

1697976	1511229	1463080
1457732	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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Michigan Department of Consumer and Industry Services

Lansing, Michigan

This is to Certify that the Annexed copy has been compared by me with the record on file in this Department and that the same is a true copy thereof.

In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 18th day of September, 2000.

, Director

172 0518824

Corporation, Securities and Land Development Bureau

MICHIGAN DEPARTMENT OF CONSUMER & INDUSTRY SERVICES CORPORATION AND LAND DEVELOPMENT BUREAU																	
Date Received JUL 17 2000	(FOR BUREAU USE ONLY)																
	<p>This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.</p> <p style="text-align: right;">FILED</p> <p style="text-align: right;">JUL 24 2000</p> <p style="text-align: right;">Administrator CORP. SECURITIES & LAND DEV. BUREAU</p> <p style="text-align: right;">EFFECTIVE DATE: 8/1/2000</p>																
<table border="1"> <tr> <td>Name</td> <td colspan="3">Lisa S. Fildes</td> </tr> <tr> <td>Address</td> <td colspan="3">751 Griswold</td> </tr> <tr> <td>City</td> <td>State</td> <td colspan="2">Zip Code</td> </tr> <tr> <td>Detroit</td> <td>MI</td> <td colspan="2">48226</td> </tr> </table>		Name	Lisa S. Fildes			Address	751 Griswold			City	State	Zip Code		Detroit	MI	48226	
Name	Lisa S. Fildes																
Address	751 Griswold																
City	State	Zip Code															
Detroit	MI	48226															

Document will be returned to the name and address you enter above.
If left blank document will be mailed to the registered office.

CERTIFICATE OF AMENDMENT TO THE ARTICLES OF INCORPORATION
For use by Domestic Profit and Nonprofit Corporations
 (Please read information and instructions on the last page)

Pursuant to the provisions of Act 284, Public Acts of 1972 (profit corporations), or Act 162, Public Acts of 1982 (nonprofit corporations), the undersigned corporation executes the following Certificate:

1. The present name of the corporation is:	OLDE Discount Corporation
2. The identification number assigned by the Bureau is:	092-739

3. Article 1 of the Articles of Incorporation is hereby amended to read as follows:

The name of the corporation is

H&R Block Financial Advisors, Inc. ✓

The certificate of amendment shall be effective August 1, 2000

MH 1750 95877 OK Seal

COMPLETE ONLY ONE OF THE FOLLOWING:

4. (For amendments adopted by unanimous consent of incorporators before the first meeting of the board of directors or trustees.)

The foregoing amendment to the Articles of Incorporation was duly adopted on the _____ day of _____, _____, in accordance with the provisions of the Act by the unanimous consent of the incorporator(s) before the first meeting of the Board of Directors or Trustees.

Signed this _____ day of _____, _____

_____ (Signature)	_____ (Signature)
_____ (Type or Print Name)	_____ (Type or Print Name)
_____ (Signature)	_____ (Signature)
_____ (Type or Print Name)	_____ (Type or Print Name)

5. (For profit and nonprofit corporations whose Articles state the corporation is organized on a stock or on a membership basis.)

The foregoing amendment to the Articles of Incorporation was duly adopted on the 11th day of July, 2000 by the shareholders if a profit corporation, or by the shareholders or members if a nonprofit corporation (check one of the following)

- at a meeting the necessary votes were cast in favor of the amendment.
- by written consent of the shareholders or members having not less than the minimum number of votes required by statute in accordance with Section 407(1) and (2) of the Act if a nonprofit corporation, or Section 407(1) of the Act if a profit corporation. Written notice to shareholders or members who have not consented in writing has been given. (Note: Written consent by less than all of the shareholders or members is permitted only if such provision appears in the Articles of Incorporation.)
- by written consent of all the shareholders or members entitled to vote in accordance with section 407(3) of the Act if a nonprofit corporation, or Section 407(2) of the Act if a profit corporation.
- by the board of a profit corporation pursuant to section 611(2).

Profit Corporations
Signed this <u>13th</u> day of <u>July</u> , <u>2000</u>
By <u><i>Lisa Fildes</i></u> (Signature of an authorized officer or agent)
<u>Lisa Fildes</u> (Type or Print Name)

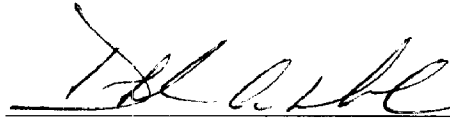
Nonprofit Corporations
Signed this _____ day of _____, _____
By _____ (Signature of President, Vice-President, Chairperson or Vice-Chairperson)
_____ (Type or Print Name) _____ (Type or Print Title)

CERTIFICATE OF MAILING

STATE OF MICHIGAN)
) §
COUNTY OF WAYNE)

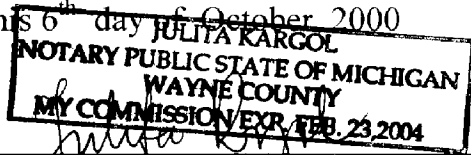
Deborah A. Mark, being first duly sworn on oath, deposes and says that she is employed by the firm, H&R Block Financial Advisors, Inc., and that on the 6th day of October, 2000, she mailed the Recordation Form Cover Sheet and a Certified Copy of the Certificate of Amendment to the Articles of Incorporation by depositing in the United States Mail in the City of Detroit, securely enclosed in an envelope with sufficient postage attached thereto, addressed as follows:

Commissioner of Patents and Trademarks
Box Assignments
Washington, D.C. 20231



Deborah A. Mark

Subscribed and sworn to before me
this 6th day of October, 2000



Julita Kargol
Julita Kargol, Notary Public
State of Michigan, Wayne County
My Commission expires: 02/23/04

October 6, 2000

Commissioner of Patents and Trademarks
Box Assignments
Washington, D.C. 20231

Re: Name Change

Dear Sir or Madam:

Enclosed please find a Recordation Form Cover Sheet and a Certified Copy of the Certificate of Amendment to the Articles of Incorporation. By this amendment, OLDE Discount Corporation changed its name to H&R Block Financial Advisors, Inc. effective August 1, 2000.

Thank you for your attention to this matter.

Very truly yours,



Lisa S. Fildes
Assistant General Counsel
Corporate Secretary

Enc.