2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State
02-27-2004 90030 047 ***150.00

DOCUMENT # F01000004423

1. Entity Name
RESOURCES CONNECTION, INC.

Principal Place of Business	Mailing Address
695 TOWN CENTER DRIVE, SUITE 600 COSTA MESA, CA 92626	695 TOWN CENTER DRIVE, SUITE 600 COSTA MESA, CA 92626

01132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 33-0832424 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC MURRAY, DONALD B 695 TOWN CENTER DRIVE, STE 600 COSTA MESA, CA 92676	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHN C. SHAW 695 TOWN CENTER DR-STE 600 COSTA MESA, CA 92626	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GIUSTO, STEPHEN J 695 TOWN CENTER DRIVE, STE 600 COSTA MESA, CA 92676	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEIL F. DIMICK 695 TOWN CENTER DR- STE. 600 COSTA MESA, CA 92626	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERGUSON, KAREN M 695 TOWN CENTER DRIVE, STE 600 COSTA MESA, CA 92676	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JULIE A. HILL 695 TOWN CENTER DRIVE - STE 600 COSTA MESA, CA 92626	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SYKES, JOLENE 695 TOWN CENTER DRIVE SUITE 600 COSTA MESA, CA 92626	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D A. ROBERT PISANO 695 TOWN CENTER DR-STE. 600 COSTA MESA, CA 92626	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANSFIELD, C.STEPHEN 695 TOWN CENTER DR,SUITE 600 COSTA MESA, CA 92626	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSENFELD, GERALD 695 TOWN CENTER DRIVE, STE 600 COSTA MESA, CA 92676	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2-17-04 714-430-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #