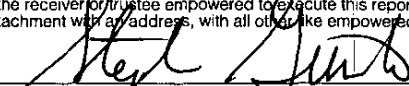


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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 695 TOWN CENTER DRIVE, SUITE 600 COSTA MESA, CA 92626			Mailing Address 695 TOWN CENTER DRIVE, SUITE 600 COSTA MESA, CA 92626		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 33-0832424	
Zip		Country		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 _____ (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 #		