

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F01000004423

1. Entity Name
RESOURCES CONNECTION, INC.



FILED

06 DEC -5 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country



REINSTATEMENT

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

CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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

100082286771
12/05/06--01023--009 **150.00

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PC	☐ Delete
NAME	MURRAY, DONALD B	
STREET ADDRESS	695 TOWN CENTER DRIVE, STE 600	
CITY-ST-ZIP	COSTA MESA, CA 92626	92626
TITLE	SD	☐ Delete
NAME	GIUSTO, STEPHEN J	
STREET ADDRESS	695 TOWN CENTER DRIVE, STE 600	
CITY-ST-ZIP	COSTA MESA, CA 92626	92626
TITLE	D	☐ Delete
NAME	FERGUSON, KAREN M	
STREET ADDRESS	695 TOWN CENTER DRIVE, STE 600	
CITY-ST-ZIP	COSTA MESA, CA 92626	92626
TITLE	D	☐ Delete
NAME	SYKES, JOLENE	
STREET ADDRESS	695 TOWN CENTER DRIVE SUITE 600	
CITY-ST-ZIP	COSTA MESA, CA 92626	
TITLE	D	☒ Delete
NAME	SHAW, JOHN C	
STREET ADDRESS	695 TOWN CENTER DR, SUITE 600	
CITY-ST-ZIP	COSTA MESA, CA 92626	
TITLE	D	☒ Delete
NAME	ROSENFELD, GERALD	
STREET ADDRESS	695 TOWN CENTER DRIVE, STE 600	
CITY-ST-ZIP	COSTA MESA, CA 92626	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Change ☐ Addition
NAME	NEIL DIMICK	
STREET ADDRESS	695 TOWN CENTER DRIVE SUITE 600	
CITY-ST-ZIP	COSTA MESA, CA 92626	
TITLE	D	☐ Change ☐ Addition
NAME	JULIE HILL	
STREET ADDRESS	695 TOWN CENTER DRIVE SUITE 600	
CITY-ST-ZIP	COSTA MESA, CA 92626	
TITLE	D	☐ Change ☒ Addition
NAME	AROBERT PISANO	
STREET ADDRESS	695 TOWN CENTER DR. SUITE 600	
CITY-ST-ZIP	COSTA MESA, CA 92626	
TITLE	D	☐ Change ☒ Addition
NAME	THOMAS CHRISTOPOUL	
STREET ADDRESS	695 TOWN CENTER DRIVE STE 600	
CITY-ST-ZIP	COSTA MESA, CA 92626	
TITLE	D	☐ Change ☒ Addition
NAME	ROBERT KISTINGER	
STREET ADDRESS	695 TOWN CENTER DRIVE STE 600	
CITY-ST-ZIP	COSTA MESA, CA 92626	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: KATE W. DUCHENE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

714-430 6389