

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004423

Entity Name: RESOURCES CONNECTION, INC.**Current Principal Place of Business:**17101 ARMSTRONG AVE.
IRVINE, CA 92614**Current Mailing Address:**17101 ARMSTRONG AVE.
IRVINE, CA 92614**FEI Number:** 33-0832424**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title DIRECTOR
Name MURRAY, DONALD B
Address 17101 ARMSTRONG AVE
City-State-Zip: IRVINE CA 92614

Title DIRECTOR
Name KISTINGER, ROBERT
Address 17101 ARMSTRONG AVE
City-State-Zip: IRVINE CA 92614

Title DIRECTOR
Name CHERBAK, TONY
Address 17101 ARMSTRONG AVE
City-State-Zip: IRVINE CA 92614

Title DIRECTOR
Name SARKIS, JOLENE
Address 17101 ARMSTRONG AVE
City-State-Zip: IRVINE CA 92614

Title DIRECTOR
Name DIMICK, NEIL
Address 17101 ARMSTRONG AVE
City-State-Zip: IRVINE CA 92614

Title DIRECTOR
Name PISANO, A. ROBERT
Address 17101 ARMSTRONG AVE
City-State-Zip: IRVINE CA 92614

Title EVP AND CHIEF FINANCIAL OFFICER
Name MUELLER, HERBERT M.
Address 17101 ARMSTRONG AVE.
City-State-Zip: IRVINE CA 92614

Title CEO, PRESIDENT
Name DUCHENE, KATE W.
Address 17101 ARMSTRONG AVE.
City-State-Zip: IRVINE CA 92614

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATE DUCHENE**PRESIDENT AND CEO****01/15/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CRAWFORD, SUSAN J.
Address 17101 ARMSTRONG AVE.
City-State-Zip: IRVINE CA 92614

Title DIRECTOR
Name WARGOTZ, MICHAEL W.
Address 17101 ARMSTRONG AVE.
City-State-Zip: IRVINE CA 92614

Title DIRECTOR
Name SHIH, ANNE
Address 17101 ARMSTRONG AVE.
City-State-Zip: IRVINE CA 92614