

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000003928

**FILED**  
**Jun 10, 2014**  
**Secretary of State**  
**CC0925873928**

**Entity Name:** RUSSELL REYNOLDS ASSOCIATES, INC.

**Current Principal Place of Business:**

200 PARK AVENUE, SUITE 2300  
NEW YORK, NY 10166

**Current Mailing Address:**

200 PARK AVENUE, SUITE 2300  
NEW YORK, NY 10166

**FEI Number:** 13-2645137

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR STE A  
TALLAHASSEE, FL 32301 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 CP  
Name MURPHY, CLARKE  
Address 200 PARK AVENUE, SUITE 2300  
City-State-Zip: NEW YORK NY 10166

Title S  
Name ALLEN, ERIC  
Address 200 PARK AVENUE, SUITE 2300  
City-State-Zip: NEW YORK NY 10166

Title C  
Name APPLIN, PATRICK  
Address 200 PARK AVENUE, SUITE 2300  
City-State-Zip: NEW YORK NY 10166

Title O  
Name CHUNG, MICHAEL  
Address 200 PARK AVENUE, SUITE 2300  
City-State-Zip: NEW YORK NY 10166

Title EVP  
Name DRUMMOND-HAY, PETER  
Address 200 PARK AVENUE, SUITE 2300  
City-State-Zip: NEW YORK NY 10166

Title CFO  
Name KENDALL, TOM  
Address 200 PARK AVENUE, SUITE 2300  
City-State-Zip: NEW YORK NY 10166

*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:** ERIC ALLEN

**SECRETARY**

**06/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date