

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12112

FILED  
Feb 24, 2011  
Secretary of State

**Entity Name:** RICHARDSON ELECTRONICS, LTD. INCORPORATED

**Current Principal Place of Business:**

40W267 KESLINGER ROAD  
LAFOX, IL 60147

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 393  
LAFOX, IL 60147

**New Mailing Address:**

**FEI Number:** 36-2096643

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

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

**OFFICERS AND DIRECTORS:**

Title: CD  
Name: RICHARDSON, EDWARD J.  
Address: 40W267 KESLINGER ROAD  
City-St-Zip: LAFOX, IL

Title: D  
Name: JOHN PETERSON  
Address: 40W267 KESLINGER ROAD  
City-St-Zip: LAFOX, IL

Title: P  
Name: RICHARDSON, EDWARD J  
Address: 40W267 KESLINGER ROAD  
City-St-Zip: LAFOX, IL

Title: CFO  
Name: DVORAK, KATHLEEN  
Address: 40W267 KESLINGER ROAD  
City-St-Zip: LAFOX, FL 60147

Title: EVS  
Name: BADGER, KYLE C  
Address: 40W267 KESLINGER RD  
City-St-Zip: LAFOX, IL

Title: T  
Name: DUDEK, JAMES  
Address: 40W267 KESLINGER ROAD  
City-St-Zip: LAFOX, IL 60147

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: KYLE C. BADGER

MR.

02/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date