

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P26260** (0)

1. Corporation Name
HEIDRICK & STRUGGLES, INC.



Principal Place of Business: **125 SOUTH WACKER DR. STE. 2800 CHICAGO IL 60606-1590**
Mailing Address: **125 SOUTH WACKER DR. STE. 2800 CHICAGO IL 60606-1590**

3. Date Incorporated or Qualified: **09/29/1989** 3a. Date of Last Report: **03/08/1995**
4. FEI Number: **36-2341272** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Subst. Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Subst. Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent: 81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0604, Florida Statutes.

SIGNATURE: _____ DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------------|--|--|
| TITLE: PD NAME: HALLAGAN, ROBERT E. STREET ADDRESS: ONE POST OFFICE SQ. CITY-STATE-ZIP: BOSTON MA | <input type="checkbox"/> DELETE | TITLE: A/T NAME: JOHNSTON, ROBERT C. STREET ADDRESS: 125 S. WACKER DR., #2800 CITY-STATE-ZIP: CHICAGO, IL | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: ST NAME: NELSON, RICHARD D. STREET ADDRESS: 125 S. WACKER DR., #2800 CITY-STATE-ZIP: CHICAGO IL | <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: NELSON, RICHARD D. STREET ADDRESS: 125 S. WACKER DR., #2800 CITY-STATE-ZIP: CHICAGO IL | <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: AS NAME: BATTISTA, GAIL L. STREET ADDRESS: 125 S. WACKER DR., #2800 CITY-STATE-ZIP: CHICAGO IL | <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: BOWEN, WILLIAM J. STREET ADDRESS: 125 S. WACKER DR., #2800 CITY-STATE-ZIP: CHICAGO IL | <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: [] NAME: [] STREET ADDRESS: [] CITY-STATE-ZIP: [] | <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing voluntarily furnishes and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard D. Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 29, 1996 312-238-2577

CR2E034 (12/95)