

1.) CORPORATION NAME:

HEIDRICK & STRUGGLES, INC.

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1371816**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 233 S WACKER DR SUITE 4200

CITY/ST/ZIP: CHICAGO, IL 60606

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: Tracy R. Wolstencroft TITLE: PRESIDENT ADDRESS: 1114 Avenue of the Americas CITY/ST/ZIP/CO: New York City, NY 10036</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MAUREEN RESAC TITLE: TREASURER ADDRESS: 233 S WACKER DR STE 4200 CITY/ST/ZIP/CO: CHICAGO, IL 60606</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: STEPHEN BEARD TITLE: SECRETARY ADDRESS: 233 S WACKER DR SUITE 4200 CITY/ST/ZIP/CO: CHICAGO, IL 60606</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: RICHARD PEHLKE TITLE: VICE PRESIDENT ADDRESS: 233 S Wacker Drive Ste. 4200 Chicago, IL 60606</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Cindy Lance TITLE: ASST SECRETARY ADDRESS: 233 S. Wacker Drive Ste. 4200 Chicago, IL 60606</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Shawna Doran TITLE: ASST SECRETARY ADDRESS: 233 S. Wacker Drive Ste. 4200 Chicago, IL 60606</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ Shawna Doran</u>	<u>Shawna Doran, ASST SECRETARY</u>	<u>3/24/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.