No. <b>C 181331</b>		and the same of th		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE		Annual Report Form  1. Mailing Address: Correct in this box if needed.		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		WORLEYPARSONS GROUP, INC. CAROL L. MCCLOUD 6330 WEST LOOP SOUTH		BOISE ID 83705 USA  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		BELLAIRE TX 77401 USA					
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	MICHAEL D.	ROBINSON	6330 WEST LOOP SOUTH	BELLAIRE	TX	USA	77401
DIRECTOR	ANDREW P WOOD		LEVEL 12, 141 WALKER STREET NORT SYDNEY			AUSTRALIA	2060
DIRECTOR	SIMON HOLT		LEVEL 12 141 WALKER STREET NORT SYDNEY	<sup>H</sup> NSW		AUSTRALIA	2060
TREASURER	SEAN P KELLEHER		6330 WEST LOOP SOUTH	BELLAIRE	TX	USA	77401
PRESIDENT	CHRISTOPHER L PARKER		6330 WEST LOOP SOUTH	BELLAIRE	TX	USA	77401
SECRETARY	LAWRENCE S KALBAN CHRISTOPHER L PARKER		15600 JFK BLVD, 9TH FL	HOUSTON	TX	USA	77032
DIRECTOR	CHKIS TOPHE	K L PAKKEK	6330 WEST LOOP SOUTH	BELLAIRE	TX	USA	77401
5. Organized Under the Laws of: 6. Annual Repor		6. Annual Report must b	st be signed.*				
DE C 181331		Signature: Carol L. McCloud		Date: 11/26/2013			
		Name (type or print): Carol L. McCloud		Title: Assistant Secretary			
Processed 11/26/2013 * Electronically provided signatures are accepted as original signatures.							