# F0300005422

| (Re                                     | questor's Name)   |             |  |
|-----------------------------------------|-------------------|-------------|--|
| (Address)                               |                   |             |  |
| (Ad                                     | dress)            |             |  |
| (Cit                                    | y/State/Zip/Phone | e #)        |  |
| PICK-UP                                 | ☐ WAIT            | MAIL.       |  |
| (Business Entity Name)                  |                   |             |  |
| (Document Number)                       |                   |             |  |
| Certified Copies                        | _ Certificates    | s of Status |  |
| Special Instructions to Filing Officer: |                   |             |  |
|                                         |                   |             |  |
|                                         |                   |             |  |
|                                         |                   |             |  |

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#### COVER LETTER \*

| Division of Corporations                                      |                                                                                                                                                             |  |  |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| SUBJECT: Environ International Corporation                    | Community or                                                                                                                                                |  |  |
| Name of Corporation                                           |                                                                                                                                                             |  |  |
| DOCUMENT NUMBER: F03000005422                                 |                                                                                                                                                             |  |  |
| The enclosed Amendment and fee are submitt                    | ed for filing.                                                                                                                                              |  |  |
| Please return all correspondence concerning the               | nis matter to the following:                                                                                                                                |  |  |
|                                                               |                                                                                                                                                             |  |  |
| Guy Lewis                                                     |                                                                                                                                                             |  |  |
| Name of Contact Person                                        |                                                                                                                                                             |  |  |
| Ramboll Environ US Corpor                                     | ation                                                                                                                                                       |  |  |
| Firm/Company                                                  | <del></del>                                                                                                                                                 |  |  |
| 4350 North Fairfax Drive, Su<br>Address                       | ite 300                                                                                                                                                     |  |  |
| Arlington, VA 22203 City/State and Zip Code                   |                                                                                                                                                             |  |  |
| City/State and Zip Code                                       |                                                                                                                                                             |  |  |
| E-mail address: (to be used for future annual                 | report notification)                                                                                                                                        |  |  |
| For further information concerning this matter                | r, please call:                                                                                                                                             |  |  |
| Name of Contact Person                                        | at ()<br>Area Code & Daytime Telephone Number                                                                                                               |  |  |
| Enclosed is a check for the following amount:                 |                                                                                                                                                             |  |  |
| \$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |  |  |
| Amendment Section  Division of Corporations  P.O. Box 6327    | Street Address:<br>Amendment Section<br>Division of Corporations<br>Clifton Building<br>2661 Executive Center Circle                                        |  |  |

Tallahassee, FL 32301

# PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

## SECTION I (1-3 MUST BE COMPLETED)

| F0300000542                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2                                                                                                                                                                                        |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| (Doc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | cument number of corporation (if known)                                                                                                                                                  | £          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ·                                                                                                                                                                                        | 15         |
| 1. Environ International Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                          | <b>5</b> 5 |
| (Name of corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | n as it appears on the records of the Department of State)                                                                                                                               | 48.0       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                          | 5          |
| 2. Virginia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3, 10/30/2003                                                                                                                                                                            | -0         |
| (Incorporated under laws of)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (Date authorized to do business in Florida)                                                                                                                                              |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                          | 2:0        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                          |            |
| ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SECTION II                                                                                                                                                                               |            |
| (4-7 COMP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | LETE ONLY THE APPLICABLE CHANGES)                                                                                                                                                        |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                          | _          |
| **                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ne corporation, when was the change effected under the laws of                                                                                                                           | ,          |
| its jurisdiction of incorporation? May                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | / 1st, 2015                                                                                                                                                                              |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                          |            |
| S. Ramboll Environ US Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                          |            |
| appropriate abbreviation, if not containe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nt, adding suffix "corporation," "company," or "incorporated,"                                                                                                                           | or         |
| appropriate and a contract of the contract of | in new manie of the corporation;                                                                                                                                                         |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                          |            |
| (If new name is unavailable in Florida, en                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ter alternate corporate name adopted for the purpose of transac                                                                                                                          | ting       |
| business in Florida)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                          |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                          |            |
| 6. If the amendment changes the period of d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | luration, indicate new period of duration.                                                                                                                                               |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                          |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                          |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (New duration)                                                                                                                                                                           |            |
| 7. If the amendment changes the jurisdiction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | n of incorporation, indicate new jurisdiction.                                                                                                                                           |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                          |            |
| <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (New jurisdiction)                                                                                                                                                                       |            |
| 8. Attached is a certificate of document of si                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | imilar import, evidencing the amendment, authenticated not me                                                                                                                            | ore than   |
| 90 days prior to delivery of the application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | imilar import, evidencing the amendment, authenticated not men to the Department of State, by the Secretary of State or other e jurisdiction under the laws of which it is incorporated. | official   |
| maving custody of corporate records in the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | e jurisdiction under the laws of which it is incorporated.                                                                                                                               |            |
| × /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                          |            |
| (Signature of a director, president or other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | r officer - if in the hands                                                                                                                                                              |            |
| of a receiver or other sourt appointed fidu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Cro, Treasurer and                                                                                                                                                                       |            |
| Guy Lewis (Typed or printed name of person sign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Assistant Secretary (Title of person signing)                                                                                                                                            |            |
| ( i ypeu or printed name of person sign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | mik) (Thic Of Deizon Signing)                                                                                                                                                            |            |



### COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

#### **ARTICLES OF AMENDMENT**

### CHANGING THE NAME OF A VIRGINIA STOCK CORPORATION By Unanimous Consent of the Shareholders

The undersigned, on behalf of the corporation set forth below, pursuant to § 13.1-710 of the Code of Virginia, states as follows:

| 1. The current name of the corporation is      |                                      |
|------------------------------------------------|--------------------------------------|
| ENVIRON International Corporation              | ,                                    |
|                                                |                                      |
| 2. The name of the corporation is changed to   |                                      |
| Ramboll Environ US Corporation                 |                                      |
| The foregoing amendment was adopted by unanimo | ous consent of the shareholders on   |
| April 20, 2015                                 |                                      |
| (deto)                                         |                                      |
| Executed In the name of the corporation by:    |                                      |
| Frank Manager                                  | 5/1/15                               |
| (signature)                                    | (date)                               |
| Frank Marrazza                                 | Chief Operating Officer              |
| (printed name)                                 | (corporate title)                    |
|                                                | 03463866                             |
| (telephone number (options!))                  | (corporation's SCC corporate (D nb.) |

(The execution must be by the chairman or any vice-chairman of the board of directors, the president, or any other of its officers authorized to act on behalf of the corporation.)

PRIVACY ADVISORY: Information such as social security number, date of birth, maiden name, or financial institution account numbers is NOT required to be included in business entity documents filled with the Office of the Clerk of the Commission. Any information provided on these documents is subject to public viewing.

### COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

AT RICHMOND, MAY 1, 2015

The State Corporation Commission has found the accompanying articles submitted on behalf of

## Ramboll Environ US Corporation (formerly ENVIRON INTERNATIONAL CORPORATION)

to comply with the requirements of law, and confirms payment of all required fees. Therefore, it is ORDERED that this

#### CERTIFICATE OF AMENDMENT

be issued and admitted to record with the articles of amendment in the Office of the Clerk of the Commission, effective May 1, 2015.

The corporation is granted the authority conferred on it by law in accordance with the articles, subject to the conditions and restrictions imposed by law.

STATE CORPORATION COMMISSION

Mark C. Christie Commissioner

# Commonwealth of Hinginia



## State Corporation Commission

#### CERTIFICATE OF GOOD STANDING

### I Certify the Following from the Records of the Commission:

That Ramboll Environ US Corporation is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is September 8, 1989;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: May 22, 2015

Toel H. Peck. Clerk of the Commission

Document Control Number: 1505225269