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## Florida Department of State

Division of Corporations Public Access System

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## REGISTERED AGENT CHANGE

MWH CONSTRUCTORS, INC.

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chai	nge is submitted for a con	poration organize	107,1508, or 617.1508, Flori d under the laws of the State	of Delaware
	ne corporation; MWH Cor	-	d agent, or both, in the State (	-
1. The name of p 2. The principal	office address: 370 INTE	RLOCKEN BLVD.	, Suite 300, BROOMFIELD C	O 80021
- "		••		
4. Date of incorp	oration/qualification:	09/07/1993	Document number;	F93000004050
	street address of the curr tinent of State: (If resigne		it and registered office on file	with the Arriva
	CORPORATION SERVI	CE COMPANY		
	1201 HAYS STREET			The state of the s
	TALLAHASSEE FL 323		· · · · · · · · · · · · · · · · · · ·	8 PM
6. The name and (if changed):	street address of the new	registered agent (	if changed) and /or registered	loffice SS =
	C T Corporation System			
	c/o C T Corporation System, 1200 South Pine Island Road			
	Plantation, Florida 33324	P.O. Box NOT so	zebispis	<u></u>
			dress of the business office	
Such change was authorized by the	as authorized by resoluti ne board, or the corporat	on duly adopted b ion has been notif	y its board of directors or by led in writing of the change	y an officer so
Kush	~ Lidward	ر ۰	Kristen Lichvarcik	., Secretary
			product of typed name agree to act in this capacity is relative to the proper and tion of my position as registered affice address, I have been address, I have been address and the second capacity and the second capacity is the second capacity in the second capacity is the second capacity in the second capacity in the second capacity is the second capacity in the second capacity in the second capacity is the second capacity in the second capacity in the second capacity is the second capacity in the second capacity in the second capacity is the second capacity in the second capacity in the second capacity is the second capacity in the second capacity in the second capacity is the second capacity in the second capacity in the second capacity is the second capacity in the second capacity in the second capacity is the second capacity in the second capacity in the second capacity is the second capacity in the second capacity in the second capacity in the second capacity is the second capacity in the second capacity in the second capacity in the second capacity is the second capacity in the second capacity in the second capacity in the second capacity in the second capacity is the second capacity in the second capacity in the second capacity in the second capacity is the second capacity in the s	
	Corporation System		9/15/200	
Sig	nature of Rogistered Agem	<del></del>	Date	
If signing on be	half of an entity:	•		
	Hiedi Liesch			
Ī	yped or Printed Name	* * #111 (F) (A RADA	- 025 AA + + +	
		* * FILING FEE	•	7
М	MAKE CHECKS P AIL TO: DIVISION OF CO	rforations, P.O	ida Department of State . Box 6327, Tallahassee,	FL 32314

FL006 - 07/23/2009 C T System Online

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