

**2018 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 833018

**FILED**  
**May 01, 2018**  
**Secretary of State**  
**CC1184188830**

**Entity Name:** PARSONS TRANSPORTATION GROUP INC.

**Current Principal Place of Business:**

100 M STREET, SE  
SUITE 1200  
WASHINGTON, DC 20003

**Current Mailing Address:**

16055 SPACE CENTER BLVD STE 725  
HOUSTON, TX 77062 US

**FEI Number:** 36-0982270

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            JOHNSON, MICHAEL W  
Address        4925 INDEPENDENCE PKWY STE 120  
City-State-Zip: TAMPA FL 33634

Title            D  
Name            GRAUL, DONALD D  
Address        1499 W. 120TH AVE., STE. 200  
City-State-Zip: WESTMINSTER CO 80234

Title            EVP  
Name            ADAMS, GAROLD B  
Address        100 M STREET, SE  
City-State-Zip: WASHINGTON DC 20003

Title            EVP  
Name            BALL, GEORGE  
Address        100 WEST WALNUT STREET  
City-State-Zip: PASADENA CA 91124

Title            ASST. SEC  
Name            WILLIAMS, CARLTON E  
Address        16055 SPACE CENTER BLVD STE 725  
City-State-Zip: HOUSTON TX 77062

Title            VP  
Name            SCHMIDT, RHET L  
Address        201 E. PINE ST, STE. 900  
City-State-Zip: ORLANDO FL 32801

Title            SECRETARY  
Name            KOLLOWAY, MICHAEL R JR.  
Address        10 S. RIVERSIDE  
City-State-Zip: CHICAGO IL 60606

Title            TREASURER  
Name            GREEN, SHELLEY D  
Address        100 WEST WALNUT STREET  
City-State-Zip: PASADENA CA 91124

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARLTON E WILLIAMS

**ASST SECRETARY**

**05/01/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY  
Name TOUCHSTONE, BRADLEY C  
Address 100 M STREET, SE  
City-State-Zip: WASHINGTON DC 20003