

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 833018

**FILED**  
**Mar 31, 2020**  
**Secretary of State**  
**0628567219CC**

**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 DIRECTOR  
Name SMITH, CAREY A  
Address 5875 TRINITY PKWY. #140  
City-State-Zip: CENTREVILLE VA 20120

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

Title EVP, DIRECTOR  
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, DIRECTOR, SR. VP  
Name KOLLOWAY, MICHAEL R. JR.  
Address 1422 S. TRYON ST. STE. 700  
City-State-Zip: CHARLOTTE NC 28203

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

Title ASST. SECRETARY  
Name LITMAN, STEVEN S  
Address 200 CONTTONTAIL LANE  
City-State-Zip: SOMERSET NJ 08873

**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**

**03/31/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name URGEN, AYKUT  
Address 3577 PARKWAY LANE  
City-State-Zip: PEACHTREE CORNERS GA 30092

Title VP  
Name NUEVO, MARIO  
Address 7600 CORPORATE CTR DR.  
City-State-Zip: MIAMI FL 33126

Title VP  
Name TRAVIS, KEITH A  
Address 1300 RIVERPLACE BLVD  
City-State-Zip: JACKSONVILLE FL 32207

Title ASST. SECRETARY, VP  
Name SAAD, SAMUEL  
Address 7600 CORPORATE CENTER DR. #104  
City-State-Zip: MIAMI FL 33126