FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
04-29-2002 90151 010 ***158.75

DOCUMENT # 821699

1. Entity Name

MWH Americas, Inc.

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642241

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2. Principal Place of Business	3. Mailing Address
380 Interlocken Crescent	370 Interlocken Blvd.
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 300
City & State: Broomfield, CO	City & State: Broomfield, CO
Zip: 80021 Country: USA	Zip: 80021 Country: USA

4. FEI Number: 951878805 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation **FL** Zip Code: 33324

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
C/D	Tolaney, Murli	300 N. Lake Ave., Ste. 1200	Pasadena, CA 91101
SVP/S	Taggart, David A.	380 Interlocken Crescent, #200	Broomfield, CO 80021
SVP/T	Harper, David J.D.	380 Interlocken Crescent, #200	Broomfield, CO 80021
AS	Donnelly, Michael	370 Interlocken Blvd., #300	Broomfield, CO 80021
SVP/D	Evenson, Donald E.	1340 Treat Blvd, #300	Walnut Creek, CA 94596
P/D	Uhler, Robert B.	380 Interlocken Crescent, #300	Broomfield, CO 80021

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or on an attachment with an address with all other like empowered.

SIGNATURE: _____ Michael Donnelly 4/9/02 (303) 410-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)