# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 821699

**FILED**
**Apr 29, 2005**
**Secretary of State**

**Entity Name:** MWH AMERICAS, INC.

**Current Principal Place of Business:**

300 - 370 INTERLOCKEN BLVD.
BLOOMFIELD, CO 80021

**New Principal Place of Business:**

**Current Mailing Address:**

300 - 370 INTERLOCKEN BLVD.
BLOOMFIELD, CO 80021

**New Mailing Address:**

**FEI Number: 95-1878805** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: TOLANEY, MURLI
Address: 300 N LAKE AVE, STE 1200
City-St-Zip: PASADENA, CA 91101

Title: S ( ) Delete
Name: TAGGART, DAVID A
Address: 380 INTERLOCKEN CRESCENT, #200
City-St-Zip: BROOMFIELD, CO 80021

Title: CFO ( ) Delete
Name: HARPER, DAVID J
Address: 380 INTERLOCKEN CRESCENT, #200
City-St-Zip: BROOMFIELD, CO 80021

Title: VPAS ( ) Delete
Name: DONNELLY, MICHAEL
Address: 370 INTERLOCKEN BLVD. #300
City-St-Zip: BROOMFIELD, CO 80021

Title: VP ( ) Delete
Name: EVENSON, DONALD E
Address: 1340 TREAT BLVD, STE 300
City-St-Zip: WALNUT CREEK, CA 94596

Title: D ( ) Delete
Name: UHLER, ROBERT B
Address: 380 INTERLOCKEN CRES., STE. 200
City-St-Zip: BROMFIELD, CO 80021

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL DONNELLY VPAS 04/29/2005

Electronic Signature of Signing Officer or Director Date