



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90145 019 \*\*\*158.75

<b>DOCUMENT # 821699</b> 1. Entity Name <b>MWH AMERICAS, INC.</b>					
Principal Place of Business <b>300 - 370 INTERLOCKEN BLVD. BLOOMFIELD, CO 80021</b>			Mailing Address <b>300 - 370 INTERLOCKEN BLVD. BLOOMFIELD, CO 80021</b>		
2. Principal Place of Business <b>370 Interlocken Blvd.</b> Suite, Apt. #, etc. <b>Suite 300</b>		3. Mailing Address <b>370 Interlocken Blvd.</b> Suite, Apt. #, etc. <b>Suite 300</b>		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">40068032</div>  <div style="display: flex; justify-content: space-between; font-size: 10px;"> <span>04192006</span> <span>Chg-P</span> <span>CR2E034 (11/05)</span> </div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> <span>4. FEI Number <b>95-1878805</b></span> <span>Applied For Not Applicable</span> </div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> <span>5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b></span> </div>	
City & State <b>Broomfield CO</b>		City & State <b>Broomfield CO</b>			
Zip <b>80021</b>	Country <b>US</b>	Zip <b>80021</b>	Country <b>US</b>		
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOLANEY, MURLI 300 N LAKE AVE, STE 1200 PASADENA, CA 91101 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Adams, Jr., Joseph D. 370 Interlocken Blvd., Ste. 300 Broomfield CO 8021 <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Change</span> <span><input checked="" type="checkbox"/> Addition</span> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAGGART, DAVID A 380 INTERLOCKEN CRESCENT, #200 BROOMFIELD, CO 80021 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Donnelly, Michael 380 Interlocken Crescent, Ste. 200 Broomfield CO 80021 <div style="display: flex; justify-content: space-between;"> <span><input checked="" type="checkbox"/> Change</span> <span><input type="checkbox"/> Addition</span> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HARPER, DAVID J 380 INTERLOCKEN CRESCENT, #200 BROOMFIELD, CO 80021 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fellows, Michael H. same address as directly above <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Change</span> <span><input checked="" type="checkbox"/> Addition</span> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS DONNELLY, MICHAEL 370 INTERLOCKEN BLVD. #300 BROOMFIELD, CO 80021 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS Kessack, Philip D. 370 Interlocken Blvd., Ste. 300 Broomfield CO 80021 <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Change</span> <span><input checked="" type="checkbox"/> Addition</span> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EVENSON, DONALD E 1340 TREAT BLVD, STE 300 WALNUT CREEK, CA 94596 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Krause, Alan J. 175 W. Jackson Blvd., Ste. 1900 Chicago IL 60604 <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Change</span> <span><input checked="" type="checkbox"/> Addition</span> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UHLER, ROBERT B 380 INTERLOCKEN CRES., STE. 200 BROOMFIELD, CO 80021 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Smith, Donald L. 380 Interlocken Crescent, Ste. 200 Broomfield CO 80021 <div style="display: flex; justify-content: space-between;"> <span><input checked="" type="checkbox"/> Change</span> <span><input type="checkbox"/> Addition</span> </div>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: Philip D. Kessack</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Philip D. Kessack, Asst Secy & Vice Pres. 4-27-06 <small>Date Daytime Phone #</small>		



ATTACHMENT

40068032

April 27, 2006

**Via FEDERAL EXPRESS**

State of Florida  
Division of Corporations  
2670 Executive Center Circle, Ste. 100  
Tallahassee FL 32301

RE: 2006 Profit Corporation Annual Report  
MWH Americas, Inc. – Document # 821699

Dear Sir or Madam,

Enclosed is the signed annual renewal form for MWH Americas, Inc. and a check for \$157.75 for the renewal fee and a certificate of Status to be mailed to MWH Americas, Inc. in the enclosed stamped envelope..

If you have any questions, or need further assistance in processing these renewals, please contact me immediately at the number listed below or via email at [nancy.durovka@mwhglobal.com](mailto:nancy.durovka@mwhglobal.com)

Kind Regards,

A handwritten signature in cursive script that reads "Nancy Durovka".

Nancy Durovka, Senior Paralegal  
MWH Americas, Inc.  
370 Interlocken Blvd., Ste. 300  
Broomfield CO 80021  
Direct: 303-533-1961

Enclosures/nd