2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#821699

Entity Name: MWH AMERICAS, INC.

FILED Jan 06, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | | |
|--|------------------------------|------------------------------------|--|--|----------------------------------|
| SUITE 300 | LOCKEN BLVD ELD, CO 80021 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 370 INTERLOCKEN BLVD. SUITE 300 BROOMFIELD, CO 80021 | | | | | |
| FEI Number: | 95-1878805 | FEI Number Applied For () FEI Num | nber Not Appli | cable () C | ertificate of Status Desired (X) |
| Name and | Address of Cเ | rrent Registered Agent: | Name and | Address of Nev | v Registered Agent: |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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 |
| Election Campaign Financing Trust Fund Contribution (). | | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | DONNELLY, MIC | EN CRESCENT, STE. 200 | Title: Name: Address: City-St-Zip: | () CI | nange()Addition |
| Title: Name: Address: City-St-Zip: | WALLER, PHILIF | HLEY DRIVE, SUITE 1000 | Title: Name: Address: City-St-Zip: | SVP (X) CI BELL, REX A 370 INTERLOCKE BROOMFIELD, CO | |
| Title: Name: Address: City-St-Zip: | HARPER, DAVID | EN CRESCENT, #200 | Title: Name: Address: City-St-Zip: | () CI | nange()Addition |
| Title: Name: Address: City-St-Zip: | SKINNER, JOHN | EN CRESCENT, STE. 200 | Title: Name: Address: City-St-Zip: | () CI | nange () Addition |
| Title: Name: Address: City-St-Zip: | EVENSON, DON | RNIA BLVD., STE 600 | Title: Name: Address: City-St-Zip: | P (X) CI MCCONVILLE, DA 370 INTERLOCKE BROOMFIELD, CO | N BLVD, STE. 300 |
| Title: Name: Address: City-St-Zip: | UHLER, ROBERT | EN CRES., STE. 200 | Title: Name: Address: City-St-Zip: | () Cł | nange()Addition |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 S 01/06/2009