

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 821699

FILED
Oct 01, 2010
Secretary of State

Entity Name: MWH AMERICAS, INC.

Current Principal Place of Business:

370 INTERLOCKEN BLVD.
SUITE 300
BROOMFIELD, CO 80021

New Principal Place of Business:

Current Mailing Address:

370 INTERLOCKEN BLVD.
SUITE 300
BROOMFIELD, CO 80021

New Mailing Address:

FEI Number: 95-1878805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 3 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: CT CORPORATION SYSTEM

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: AS
Name: SHIRRELL, ANGELA R
Address: 370 INTERLOCKEN BLVD, #300
City-St-Zip: BROOMFIELD, CO 80021

Title: SVP
Name: BELL, REX A
Address: 370 INTERLOCKEN BLVD, STE. 300
City-St-Zip: BROOMFIELD, CO 80021

Title: CFO
Name: BARNES, DAVID G
Address: 380 INTERLOCKEN CRESCENT, #200
City-St-Zip: BROOMFIELD, CO 80021

Title: TREA
Name: SKINNER, JOHN T
Address: 380 INTERLOCKEN CRESCENT, STE. 200
City-St-Zip: BROOMFIELD, CO 80021

Title: P
Name: MCCONVILLE, DANIEL
Address: 370 INTERLOCKEN BLVD, STE. 300
City-St-Zip: BROOMFIELD, CO 80021

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

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: ANGELA R SHIRRELL

AS

10/01/2010

Electronic Signature of Signing Officer or Director

Date