2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001725

Entity Name: SNC-LAVALIN CONSTRUCTORS INC.

FILED Jan 13, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
SUITE 300	RTH CREEK WA 980118				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX 3 BOTHELL,	8037 WA 980413	037			
FEI Number:	03-0418184	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:	
1200 SOUT	ORATION S' TH PINE ISLA ON, FL 3332	AND ROAD			
The above in the State		submits this statement for the pu	rpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	onic Signature of Registered Ager	nt	Date	
Election Carr	npaign Financi	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	QUIST, CARL	CREEK PARKWAY, SUITE 300	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RANZ, MICHA	CREEK PARKWAY, SUITE 300	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LAVERDIERE 455 RENE-LE) Delete , YVES VESQUE BLVD. WEST QUEBEC, CANADA,	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PELLETIER, Ì 455 RENE-LE) Delete LOUISE VESQUE BLVD. WEST QUEBEC, CANADA,	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LARAMEE, G 455 RENE-LE) Delete LLES VESQUE BLVD. WEST QUEBEC, CANADA,	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TARDANICO,	CREEK PARKWAY, SUITE 300	Title: Name: Address: City-St-Zip:	() Change () 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: LOUISE PELLETIER S 01/13/2009