

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000000114

**Entity Name:** TERRACON CONSULTANTS, INC.

**Current Principal Place of Business:**

18001 W. 106 TH ST.  
300  
OLATHE, KS 66061

**FILED**  
**Jan 23, 2013**  
**Secretary of State**  
**CC1197119551**

**Current Mailing Address:**

18001 W. 106 TH ST.  
300  
OLATHE, KS 66061

**FEI Number: 42-1249917**

**Certificate of Status Desired: Yes**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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

**Officer/Director Detail :**

Title            PRES  
Name            GABOURY, DAVID R  
Address        18001 W. 106TH ST STE. 300  
City-State-Zip: OLATHE KS 66061

Title            TREA  
Name            VRANA, DONALD J  
Address        18001 W. 106TH ST STE. 300  
City-State-Zip: OLATHE KS 66061

Title            DIR  
Name            COVERT, MICHAEL C  
Address        18001 W. 106TH ST STE. 300  
City-State-Zip: OLATHE KS 66061

Title            DIR  
Name            COBB, C. H  
Address        11555 CLAY ROAD, SUITE 100  
City-State-Zip: HOUSTON TX 77043

Title            SECRETARY  
Name            PRICE, ELIZABETH L  
Address        18001 W. 106 TH ST.  
                  300  
City-State-Zip: OLATHE KS 66061

Title            DIRECTOR  
Name            PAVLICEK, ROBERT W.  
Address        5240 GREEN'S DAIRY ROAD  
City-State-Zip: RALEIGH NC 27616

Title            DIRECTOR  
Name            SRINIVASAN, SWAMINATHAN  
Address        2817 MCGAW AVENUE  
City-State-Zip: IRVINE CA 92614

*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: ELIZABETH LYNN PRICE**

**SECRETARY**

**01/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date