

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000344

Entity Name: JACOBS PROJECT MANAGEMENT CO.**Current Principal Place of Business:**1999 BRYAN STREET
DALLAS, TX 75201**Current Mailing Address:**1999 BRYAN STREET
DALLAS, TX 75201 US**FEI Number:** 35-2321289**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:** C T CORPORATION

01/12/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name CARLIN, MICHAEL
Address 1999 BRYAN STREET
City-State-Zip: DALLAS TX 75201

Title VP
Name MCCALLISTER, SCOTT
Address 1999 BRYAN STREET
City-State-Zip: DALLAS TX 75201

Title VP
Name BUNDERSON, MICHAEL
Address 1999 BRYAN STREET
City-State-Zip: DALLAS TX 75201

Title SECRETARY
Name JOHNSON, JUSTIN
Address 1999 BRYAN STREET
City-State-Zip: DALLAS TX 75201

Title AUTHORIZED REPRESENTATIVE
Name MISTERLY, GRANT
Address 1999 BRYAN STREET
City-State-Zip: DALLAS TX 75201

Title DIRECTOR
Name VADLAMUDI, KOTI
Address 1999 BRYAN STREET
City-State-Zip: DALLAS TX 75201

Title DIRECTOR
Name PRAGADA , ROBERT V.
Address 1999 BRYAN STREET
City-State-Zip: DALLAS TX 75201

Title AUTHORIZED REPRESENTATIVE
Name REGALADO, KEVIN
Address 3150 SW 38 AVENUE
City-State-Zip: MIAMI FL 33146

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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: JUSTIN JOHNSON**SECRETARY**

01/12/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name MEINHART, TOM
Address 10 TENTH STREET
SUITE 1400
City-State-Zip: ATLANTA GA 30309

Title AUTHORIZED REPRESENTATIVE
Name WATSON, KATUS
Address 5401 W. KENNEDY BLVD
SUITE 300
City-State-Zip: TAMPA FL 33609