

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001174

Entity Name: BURNS & MCDONNELL PROJECT INVESTMENTS, INC.**Current Principal Place of Business:**9400 WARD PARKWAY
KANSAS CITY, MO 64114**Current Mailing Address:**9400 WARD PARKWAY
KANSAS CITY, MO 64114**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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	D/P
Name	GRAVES, GREG M
Address	9400 WARD PARKWAY
City-State-Zip:	KANSAS CITY MO 64114

Title	TREASURER, VP
Name	SCOTT, DENNIS W
Address	9400 WARD PARKWAY
City-State-Zip:	KANSAS CITY MO 64114

Title	DIRECTOR
Name	KOWALIK, RAYMOND J.
Address	9400 WARD PARKWAY
City-State-Zip:	KANSAS CITY MO 64114

Title	DIRECTOR
Name	FISCHER, PAUL D
Address	9400 WARD PARKWAY
City-State-Zip:	KANSAS CITY MO 64114

Title	S/VP
Name	QUATMAN, G. WILLIAM
Address	9400 WARD PARKWAY
City-State-Zip:	KANSAS CITY MO 64114

Title	ASST. SECRETARY
Name	COWLEY, KERI L
Address	9400 WARD PARKWAY
City-State-Zip:	KANSAS CITY MO 64114

Title	DIRECTOR
Name	YEAMANS, DAVID G.
Address	9400 WARD PARKWAY
City-State-Zip:	KANSAS CITY MO 64114

Title	DIRECTOR
Name	OLANDER, JOHN E
Address	9400 WARD PARKWAY
City-State-Zip:	KANSAS CITY MO 64114

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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: KERI L. COWLEY**ASSISTANT SECRETARY** 04/29/2016_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WOOD, MELISSA K
Address	9400 WARD PARKWAY
City-State-Zip:	KANSAS CITY MO 64114