

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000544

**Entity Name:** WORLEY PSG INC.

**Current Principal Place of Business:**

5995 ROGERDALE ROAD  
HOUSTON, TX 77072

**Current Mailing Address:**

C/O CAROL L. MCCLOUD  
5995 ROGERDALE ROAD  
HOUSTON, TX 77072 US

**FEI Number:** 27-4502355

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR / PRESIDENT  
Name           KNOST, AMANDA  
Address        5995 ROGERDALE ROAD  
City-State-Zip: HOUSTON TX 77072

Title           DIRECTOR / TREASURER  
Name           KELLEHER, SEAN P.  
Address        5995 ROGERDALE ROAD  
City-State-Zip: HOUSTON TX 77072

Title           SVP / SECRETARY  
Name           KALBAN, LAWRENCE S.  
Address        5995 ROGERDALE ROAD  
City-State-Zip: HOUSTON TX 77072

Title           ASSISTANT SECRETARY  
Name           MCCLOUD, CAROL L.  
Address        5995 ROGERDALE ROAD  
City-State-Zip: HOUSTON TX 77072

Title           ASSISTANT TREASURER  
Name           LEE, KEVIN E.  
Address        181 W. HUNTINGTON DR.  
City-State-Zip: MONROVIA CA 91016

Title           ASSISTANT TREASURER  
Name           MACHA, CLINT  
Address        5995 ROGERDALE ROAD  
City-State-Zip: HOUSTON TX 77072

*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:** CAROL L. MCCLOUD

**ASSISTANT SECRETARY    01/11/2022**

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

\_\_\_\_\_  
Date