

1.) CORPORATION NAME:

WorleyParsons of Virginia, Inc.

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **06162549**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6330 WEST LOOP SOUTH

CITY/ST/ZIP: BELLAIRE, TX 77401

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	CHRISTOPHER L. PARKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6330 WEST LOOP SOUTH		
CITY/ST/ZIP/CO:	BELLARE, TX 77401		

NAME:	SEAN P. KELLEHER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/TREASURER		
ADDRESS:	6330 WEST LOOP SOUTH		
CITY/ST/ZIP/CO:	BELLAIRE, TX 77401		

NAME:	TREVOR J PARKS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SEC/ASST T		
ADDRESS:	6330 WEST LOOP SOUTH		
CITY/ST/ZIP/CO:	BELLARE, TX 77401		

NAME:	CAROL L MCCLLOUD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASS'T SECY		
ADDRESS:	6330 WEST LOOP SOUTH		
CITY/ST/ZIP/CO:	BELLAIRE, TX 77401		

NAME:	R CHRISTOPHER ASHTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	1 ELM STREET		
CITY/ST/ZIP/CO:	STE 400 CONSHOHOCKEN, PA 19428		

NAME:	LAWRENCE S KALBAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/SECY		
ADDRESS:	15600 JFK BLVD 9TH FL		
CITY/ST/ZIP/CO:	HOUSTON, TX 77032		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HARRY W. SAUER SVP 2675 MORGANTOWN ROAD READING, TX 19607	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RODNEY K SIMONETTI DIRECTOR 2675 MORGANTOWN RD READING, PA 19607	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robert J Johnson Ass 2675 Morgantown Road Reading, PA 19607	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ CAROL L MCCLLOUD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CAROL L MCCLLOUD, ASS'T SECY PRINTED NAME AND CORPORATE TITLE	4/18/2012 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.