

1.) CORPORATION NAME:

WorleyParsons Group Inc.

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1426008**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,100

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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Christopher L. Parker PRESIDENT 6330 WEST LOOP SOUTH BELLAIRE, TX 77401	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R Christopher ASHTON SVP 1 Elm Street Ste 400 Conshohocken, PA 19428	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAWRENCE S KALBAN SVP/Secy 15600 JFK BLVD 9TH FLOOR HOUSTON, TX 77032	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SEAN P KELLEHER VP/Treasurer 6330 WEST LOOP SOUTH BELLAIRE, TX 77079	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TREVOR J PARKES AT/AS 6330 WEST LOOP SOUTH BELLAIRE, TX 77401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Carol L McCloud Ass't Secy 6330 West Loop South Ste 1303 Bellaire, TX 77401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	John M Grill	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Level 12, 141 Walker Street		
CITY/ST/ZIP/CO:	North Sydney NSW, 2060, AU		

NAME:	Andrew P Wood	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Level 12, 141 Walker Street		
CITY/ST/ZIP/CO:	North Sydney NSW, 2060, AU		

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 McCloud	Carol L McCloud, Ass't Secy	4/19/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

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.