

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213518940

1.) CORPORATION NAME:

WorleyParsons Group Inc.

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1426008**

5.) STOCK INFORMATION

CLASS AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

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.

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

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SEAN P KELLEHER		
TITLE:	VP/TREASURER		
ADDRESS:	6330 WEST LOOP SOUTH		
CITY/ST/ZIP/CO:	BELLAIRE, TX 77079		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Kevin D. Hilaire		
TITLE:	Ass't Treasurer		
ADDRESS:	6330 WEST LOOP SOUTH		
CITY/ST/ZIP/CO:	BELLAIRE, TX 77401		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CAROL L MCCLOUD		
TITLE:	ASS'T SECY		
ADDRESS:	6330 WEST LOOP SOUTH STE 1303		
CITY/ST/ZIP/CO:	BELLAIRE, TX 77401		

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

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Simon W. Holt		
TITLE:	DIRECTOR		
ADDRESS:	LEVEL 12, 141 WALKER STREET		
CITY/ST/ZIP/CO:	North Sydney,, NSW. 2060, AU		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW P WOOD DIRECTOR LEVEL 12, 141 WALKER STREET NORTH SYDNEY NSW,2060,AUSTRALIA , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael D. Robinson SVP/Director 6330 West Loop South Bellaire, TX 77401	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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	CAROL L MCCLLOUD, ASS'T SECY	4/22/2013	
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.			