

1.) CORPORATION NAME:

**WorleyParsons Group Inc.**

DUE DATE: **5/31/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

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:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 575 North Dairy Ashford

CITY/ST/ZIP: Houston, TX 77079

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 MCCLLOUD	
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:	, , FN	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL D. ROBINSON DIRECTOR 6330 WEST LOOP SOUTH BELLAIRE, TX 77401	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW P WOOD DIRECTOR LEVEL 12, 141 WALKER STREET , , FN	<input type="checkbox"/> OFFICER	<input checked="" 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	CAROL L MCCLLOUD, ASS'T SECY	5/3/2016
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.