

SCC eFile

**2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

213526490

1.) CORPORATION NAME:

**Skanska USA Building Inc.**

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1518101**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1633 LITTLETON RD

CITY/ST/ZIP: PARSIPPANY, NJ 07054

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:	WILLIAM FLEMMING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO		
ADDRESS:	1633 LITTLETON RD		
CITY/ST/ZIP/CO:	PARSIPPANY, NJ 07054		

NAME:	LEO SINICIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/T/CFO		
ADDRESS:	1633 LITTLETON RD		
CITY/ST/ZIP/CO:	PARSIPPANY, NJ 07054		

NAME:	CARRIE KEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREAS		
ADDRESS:	1633 LITTLETON ROAD		
CITY/ST/ZIP/CO:	PARSIPPANY, NJ 07054		

NAME:	CLOVIS CLAY HADEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	55 IVAN ALLEN JR. BLVD STE 600		
CITY/ST/ZIP/CO:	ATLANTA, GA 30308		

NAME:	PAUL CHANDLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O SKANSKA USA BUILDING INC. 1633 LITTLETON ROAD		
CITY/ST/ZIP/CO:	PARSIPPANY, NJ 07054		

NAME:	MICHAEL MCNALLY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	350 FIFTH AVE 32ND FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10118		

NAME: DENNY L. QUINN TITLE: DIRECTOR ADDRESS: C/O SKANSKA USA CIVIL 75-20 ASTORIA BLVD., STE 200 CITY/ST/ZIP/CO: EAST ELMHURST, NY 11370	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOSE LUIS CARRION SALVA TITLE: DIRECTOR ADDRESS: C/O SKANSKA USA BUILDING INC. 1633 LITTLETON ROAD CITY/ST/ZIP/CO: PARSIPPANY, NJ 07054	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KARL H. REICHELT TITLE: DIRECTOR ADDRESS: C/O SKANSKA ID 99 CANAL CENTER PLAZA, STE 125 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL VIGGIANO TITLE: DIRECTOR ADDRESS: C/O SKANSKA USA CIVIL 75-20 ASTORIA BLVD., STE 200 CITY/ST/ZIP/CO: EAST ELMHURST, NY 11370	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: NOEL P.J. MORRIN TITLE: DIRECTOR ADDRESS: C/O SKANSKA FINANCIAL SERVICES AB CITY/ST/ZIP/CO: SOLNA, SE-169 83, SE	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT W. WARD TITLE: DIRECTOR ADDRESS: C/O SKANSKA USA COMMERCIAL DEVELOPMENT INC. 350 FIFTH AVE., 32ND FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10118	<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/ CLOVIS CLAY HADEN _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CLOVIS CLAY HADEN, SECRETARY _____ PRINTED NAME AND CORPORATE TITLE
6/5/2013 _____ 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.	