

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214529015

1.) CORPORATION NAME:

Skanska USA Building Inc.

DUE DATE: **7/31/2014**

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
COMMON	3,000

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 389 Interpace Parkway, 5th Floor

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:	389 Interpace Parkway, 5th Floor		
CITY/ST/ZIP/CO:	PARSIPPANY, NJ 07054		

NAME:	LEO SINICIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/T/CFO		
ADDRESS:	389 Interpace Parkway, 5th Floor		
CITY/ST/ZIP/CO:	PARSIPPANY, NJ 07054		

NAME:	CARRIE KEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREAS		
ADDRESS:	389 Interpace Parkway, 5th Floor		
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:	JOSE LUIS CARRION SALVA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1519 Ponce de Leon Ave Suite 813		
CITY/ST/ZIP/CO:	San Juan, 00909, PR		

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: NOEL P.J. MORRIN TITLE: DIRECTOR ADDRESS: Warfingesvag 25 CITY/ST/ZIP/CO: Stockholm, SE-112 74, SE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DENNY L. QUINN TITLE: DIRECTOR ADDRESS: 401 Northwest First Street CITY/ST/ZIP/CO: Evansville, IN 47708	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KARL H. REICHEL TITLE: DIRECTOR ADDRESS: 99 CANAL CENTER PLAZA, STE 125 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Ricardo Gomez TITLE: ASST TREASURER ADDRESS: 389 Interpace Parkway, 5th Floor CITY/ST/ZIP/CO: Parsippany, NJ 07054	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Michael Aparicio TITLE: DIRECTOR ADDRESS: 1995 Aqua Mansa Road CITY/ST/ZIP/CO: Riverside, CA 92509	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Thomas Henriksson TITLE: DIRECTOR ADDRESS: Waringesvag 25 CITY/ST/ZIP/CO: Stockholm, SE-112 74, SE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Catherine Pfeiffenberger TITLE: DIRECTOR ADDRESS: 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	6/4/2014 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.		