

SCC eFile  
(6/10)

2011 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

211500333

1.) CORPORATION NAME:

**Terracon Consultants, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI  
CORPORATION SERVICE COMPANY  
11 S 12TH ST  
PO BOX 1463**

**RICHMOND, VA 23218**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

DUE DATE: **1/31/2011**

SCC ID NO: **F1574286**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 10,000     |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 18001 W 106TH ST STE 300

CITY/ST/ZIP: OLATHE, KS 66061-

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:           | DAVID R GABOURY                     |         |                                     |          |
| TITLE:          | PRESIDENT                           |         |                                     |          |
| ADDRESS:        | 18001 W 106TH ST STE 300            |         |                                     |          |
| CITY/ST/ZIP/CO: | OLATHE, KS 66061-                   |         |                                     |          |

|                 |                                     |         |                                     |          |
|-----------------|-------------------------------------|---------|-------------------------------------|----------|
|                 | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME:           | ROGER R HERTING                     |         |                                     |          |
| TITLE:          | VP/T                                |         |                                     |          |
| ADDRESS:        | 18001 W 106TH ST STE 300            |         |                                     |          |
| CITY/ST/ZIP/CO: | OLATHE, KS 66061-                   |         |                                     |          |

|                 |                                     |         |                          |          |
|-----------------|-------------------------------------|---------|--------------------------|----------|
|                 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME:           | M GAYLE PACKER                      |         |                          |          |
| TITLE:          | SECRETARY                           |         |                          |          |
| ADDRESS:        | 18001 W 106TH ST STE 300            |         |                          |          |
| CITY/ST/ZIP/CO: | OLATHE, KS 66061-                   |         |                          |          |

|                 |                           |         |                                     |          |
|-----------------|---------------------------|---------|-------------------------------------|----------|
|                 | <input type="checkbox"/>  | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME:           | KEVIN F LANGWELL          |         |                                     |          |
| TITLE:          | DIRECTOR                  |         |                                     |          |
| ADDRESS:        | 18001 W 106TH ST, STE 300 |         |                                     |          |
| CITY/ST/ZIP/CO: | OLATHE, KS 66061-         |         |                                     |          |

|                 |                           |         |                                     |          |
|-----------------|---------------------------|---------|-------------------------------------|----------|
|                 | <input type="checkbox"/>  | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME:           | MICHAEL J O'GRADY         |         |                                     |          |
| TITLE:          | DIRECTOR                  |         |                                     |          |
| ADDRESS:        | 18001 W 106TH ST, STE 300 |         |                                     |          |
| CITY/ST/ZIP/CO: | OLATHE, KS 66061-         |         |                                     |          |

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.

|   |                                  |                  |
|---|----------------------------------|------------------|
| <u>/s/ M GAYLE PACKER</u>                           | <u>M GAYLE PACKER, SECRETARY</u> | <u>12/8/2010</u> |
| 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.