

1.) CORPORATION NAME:

**SNC-Lavalin Constructors Inc.**

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1644923**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 19015 NORTH CREEK PKWY, SUITE 300

CITY/ST/ZIP: BOTHELL, WA 98011-8029

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 type="checkbox"/> DIRECTOR
NAME:	MICHAEL J. RANZ	
TITLE:	PRESIDENT	
ADDRESS:	19015 NORTH CREEK PKWY SUITE 300	
CITY/ST/ZIP/CO:	BOTHELL, WA 98011-8029	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KIM COATES	
TITLE:	VP, FIN & ADMIN	
ADDRESS:	19015 NORTH CREEK PKWY SUITE 300	
CITY/ST/ZIP/CO:	BOTHELL, WA 98011-8029	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	STEVEN L. DANIELS	
TITLE:	SR VP, BUS DEV	
ADDRESS:	19015 NORTH CREEK PKWY SUITE 300	
CITY/ST/ZIP/CO:	BOTHELL, WA 98011-8029	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ARDEN R. FURLOTTE	
TITLE:	VP & SECRETARY	
ADDRESS:	455 RENE-LEVESQUE BLVD WEST MONTREAL, QUEBEC H2Z 1Z3, CA	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CARL QUIST	
TITLE:	VP, OPERATIONS	
ADDRESS:	19015 NORTH CREEK PKWY SUITE 300	
CITY/ST/ZIP/CO:	BOTHELL, WA 98011-8029	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	GREGORY J. TARDANICO	
TITLE:	SVP, BUS DEV	
ADDRESS:	19015 NORTH CREEK PKWY SUITE 300	
CITY/ST/ZIP/CO:	BOTHELL, WA 98011-8029	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL IOFFREDI TREASURER 455 RENE-LEVESQUE BLVD WEST MONTREAL, QUEBEC H2Z 1Z3, CA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID LUND ASST SECRETARY 19015 NORTH CREEK PKWY SUITE 300 BOTHHELL, WA 98011-8029	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LOUISE PELLETIER ASST SECRETARY 455 RENE-LEVESQUE BLVD WEST MONTREAL, QUEBEC H2Z 1Z3, CA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	REJEAN GOULET DIRECTOR 455 RENE-LEVESQUE BLVD WEST MONTREAL, QUEBEC H2Z 1Z3, CA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT THON DIRECTOR 455 RENE-LEVESQUE BLVD WEST MONTREAL, QUEBEC H2Z 1Z3, CA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALAIN-PIERRE RAYNAUD DIRECTOR 455 RENE-LEVESQUE BLVD WEST MONTREAL, QUEBEC H2Z 1Z3, CA	<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/ DAVID LUND	DAVID LUND, ASST SECRETARY	10/29/2013
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.