

|  |   |       |            |        |         |
|--|---|-------|------------|--------|---------|
| 1.) CORPORATION NAME:<br><b>Zachry Engineering Corporation</b>   | DUE DATE: <b>12/31/2014</b>   |       |            |        |         |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>CT CORPORATION SYSTEM<br/>4701 COX ROAD, SUITE 285<br/>GLEN ALLEN, VA</b> | SCC ID NO: <b>F1650201</b>  |       |            |        |         |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HENRICO COUNTY</b>   | 5.) STOCK INFORMATION<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 100,000 |
| CLASS  | AUTHORIZED  |       |            |        |         |
| COMMON   | 100,000   |       |            |        |         |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>DE</b>  |   |       |            |        |         |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 101 WEST COLFAX  
#500

CITY/ST/ZIP: DENVER, CO 80202

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: GERALD P BURKE<br>TITLE: PRESIDENT<br>ADDRESS: 101 WEST COLFAX<br>#500<br>CITY/ST/ZIP/CO: DENVER, CO 80202 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |  |
|--|---|--|--|

|   |   |  |  |
|---|---|--|--|
| NAME: D KIRK MCDONALD<br>TITLE: VICE PRESIDENT<br>ADDRESS: 527 LOGWOOD<br>CITY/ST/ZIP/CO: SAN ANTONIO, TX 78221 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |  |
|---|---|--|--|

|   |   |                                   |  |
|---|---|-----------------------------------|--|
| NAME: EDDIE T BARRON<br>TITLE: SNR VP<br>ADDRESS: 5601 WEST IH 40<br>CITY/ST/ZIP/CO: AMARILLO, TX 79106 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |  |
|---|---|-----------------------------------|--|

|   |   |  |  |
|---|---|--|--|
| NAME: COLLEEN M GOFF<br>TITLE: SECRETARY<br>ADDRESS: 527 LOGWOOD<br>CITY/ST/ZIP/CO: SAN ANTONIO, TX 78221 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |  |
|---|---|--|--|

|  |   |  |  |
|--|---|--|--|
| NAME: JOHN B ZACHRY<br>TITLE: CEO/CHAIR<br>ADDRESS: 527 LOGWOOD<br>CITY/ST/ZIP/CO: SAN ANTONIO, TX 78221 | <input checked="" 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/ COLLEEN M GOFF                                  | COLLEEN M GOFF, SECRETARY        | 11/20/2014 |
| 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.