

1.) CORPORATION NAME:

**Layne Heavy Civil, Inc.**

DUE DATE: **12/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1652108**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1900 SHAWNEE MISSION PKWY

CITY/ST/ZIP: MISSION WOODS, KS 66205

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.

<p>NAME: JERRY W FANSKA TITLE: VP/FIN/T/CFO ADDRESS: 1900 SHAWNEE MISSION PKWY CITY/ST/ZIP/CO: MISSION WOODS, KS 66205</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: GARY HARBER TITLE: ASST SEC ADDRESS: 4520 NORTH STATE ROAD 37 CITY/ST/ZIP/CO: ORLEANS, IN 47452</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: CURTIS J SCHMIDT TITLE: ASST T ADDRESS: 1900 SHAWNEE MISSION PKWY CITY/ST/ZIP/CO: MISSION WOODS, KS 66205</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JEFFREY J REYNOLDS TITLE: CEO ADDRESS: 2540 TAXIWAY ECHO CITY/ST/ZIP/CO: PORT ORANGE, FL 32128</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: RENE J ROBICHAUD TITLE: DIRECTOR ADDRESS: 1900 SHAWNEE MISSION PARKWAY CITY/ST/ZIP/CO: MISSION WOODS, KS 66205</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARK J ACCETTURO TITLE: PRESIDENT ADDRESS: 4520 NORTH STATE ROAD 37 CITY/ST/ZIP/CO: ORLEANS, IN 47452</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN F CROOKE PRESIDENT 1900 SHAWNEE MISSION PARKWAY MISSION WOODS, KS 66205	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW M ZALLA VICE PRESIDENT 4520 NORTH STATE ROAD 37 ORLEANS, IN 47452	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY D PURLEE VICE PRESIDENT 4520 NORTH STATE ROAD 37 ORLEANS, IN 47452	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARL J ARVIN VICE PRESIDENT 4520 NORTH STATE ROAD 37 ORLEANS, IN 47452	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIM STUTLER VICE PRESIDENT 4520 NORTH STATE ROAD 37 ORLEANS, IN 47452	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIM WELLS VICE PRESIDENT 4520 NORTH STATE ROAD 37 ORLEANS, IN 47452	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LES ARCHER VICE PRESIDENT 4520 NORTH STATE ROAD 37 ORLEANS, IN 47452	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAUREN ATWELL VICE PRESIDENT 4520 NORTH STATE ROAD 37 ORLEANS, IN 47452	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RUSS MCCONNELL VICE PRESIDENT 4520 NORTH STATE ROAD 37 ORLEANS, IN 47452	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANNE M HEATON ASST TREASURER 1900 SHAWNEE MISSION PARKWAY MISSION WOODS, KS 66205	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KURT SITTNER ASST SECRETARY 4520 NORTH STATE ROAD 37 ORLEANS, IN 47452	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LIZ SMITH ASST SECRETARY 4520 NORTH STATE ROAD 37 ORLEANS, IN 47452	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAN EAST ASST SECRETARY 4520 NORTH STATE ROAD 37 ORLEANS, IN 47452	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RON BALL ASST SECRETARY 4520 NORTH STATE ROAD 37 ORLEANS, IN 47452	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAY SMITH ASST SECRETARY 4520 NORTH STATE ROAD 37 ORLEANS, IN 47452	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BOB EMERY ASST SECRETARY 4520 NORTH STATE ROAD 37 ORLEANS, IN 47452	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEITH MEITZLER ASST SECRETARY 4520 NORTH STATE ROAD 37 ORLEANS, IN 47452	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SYLVIA J ADAMS ASST SECRETARY 4520 NORTH STATE ROAD 37 ORLEANS, IN 47452	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN L NICELY ASST SECRETARY 4520 NORTH STATE ROAD 37 ORLEANS, IN 47452	<input checked="" type="checkbox"/> OFFICER	<input 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/ JERRY W FANSKA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JERRY W FANSKA, VP/FIN/T/CFO PRINTED NAME AND CORPORATE TITLE	6/5/2012 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.			