

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213558512

1.) CORPORATION NAME:

Layne Heavy Civil, Inc.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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: 1800 HUGHES LANDING BOULEVARD
SUITE 700

CITY/ST/ZIP: THE WOODLANDS, TX 77380

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: MARK J ACCETTURO OFFICER DIRECTOR
 TITLE: PRESIDENT
 ADDRESS: 4520 NORTH STATE ROAD 37
 CITY/ST/ZIP/CO: ORLEANS, IN 47452

NAME: STEVEN F CROOKE OFFICER DIRECTOR
 TITLE: PRESIDENT
 ADDRESS: 1800 HUGHES LANDING BOULEVARD
 SUITE 700
 CITY/ST/ZIP/CO: THE WOODLANDS, TX 77380

NAME: JAMES R EASTER OFFICER DIRECTOR
 TITLE: TREASURER
 ADDRESS: 1800 HUGHES LANDING BOULEVARD
 SUITE 700
 CITY/ST/ZIP/CO: THE WOODLANDS, TX 77380

NAME: LES ARCHER OFFICER DIRECTOR
 TITLE: VICE PRESIDENT
 ADDRESS: 4520 NORTH STATE ROAD 37
 CITY/ST/ZIP/CO: ORLEANS, IN 47452

NAME: LAUREN ATWELL OFFICER DIRECTOR
 TITLE: VICE PRESIDENT
 ADDRESS: 4520 NORTH STATE ROAD 37
 CITY/ST/ZIP/CO: ORLEANS, IN 47452

NAME: RUSS MCCONNELL OFFICER DIRECTOR
 TITLE: VICE PRESIDENT
 ADDRESS: 4520 NORTH STATE ROAD 37
 CITY/ST/ZIP/CO: ORLEANS, IN 47452

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:	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:	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:	GARY HARBOR ASST SEC 4520 NORTH STATE ROAD 37 ORLEANS, IN 47452	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN J PENER ASST TREASURER 1800 HUGHES LANDING BOULEVARD SUITE 700 THE WOODLANDS, TX 77380	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CURTIS J SCHMIDT ASST T 1900 SHAWNEE MISSION PKWY MISSION WOODS, KS 66205	<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:	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:	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:	RENE J ROBICHAUD DIRECTOR 1800 HUGHES LANDING BOULEVARD SUITE 700 THE WOODLANDS, TX 77380	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	RUTH A CANTU	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	1800 HUGHES LANDING BOULEVARD		
CITY/ST/ZIP/CO:	SUITE 700 THE WOODLANDS, TX 77380		

NAME:	KEVIN D SHEMWELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	4520 NORTH STATE ROAD 37		
CITY/ST/ZIP/CO:	ORLEANS, IN 47452		

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/ CURTIS J SCHMIDT</u>	<u>CURTIS J SCHMIDT, ASST T</u>	<u>12/4/2013</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.