

1.) CORPORATION NAME:

DUE DATE: **4/30/2014**

Cardno Emerging Markets USA, Ltd.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1703596**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	20,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: COLONIAL PLACE III STE 800
2107 WILSON BLVD

CITY/ST/ZIP: ARLINGTON, VA 22201-3096

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:	ANDREW D BUCKLEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COB		
ADDRESS:	COLONIAL PLACE III STE 800 2107 WILSON BOULEVARD ARLINGTON, VA 22201-3096		
CITY/ST/ZIP/CO:			
NAME:	ENDRE ESZTERGOMI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2107 WILSON BLVD STE 800 COLONIAL PLACE III ARLINGTON, VA 22201-3096		
CITY/ST/ZIP/CO:			
NAME:	Michael Renshaw	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2107 Wilson Blvd suite 800 arlington, VA 22201		
CITY/ST/ZIP/CO:			
NAME:	Ross Thompson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2107 Wilson Blvd suite 800 arlington, VA 22201		
CITY/ST/ZIP/CO:			
NAME:	Michael Pearson	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	2107 Wilson Blvd SUITE 800 arlington, VA 22201		
CITY/ST/ZIP/CO:			

NAME:	Graham Yerbury	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2107 Wilson Blvd suite 800		
CITY/ST/ZIP/CO:	Arlington, VA 22201		

NAME:	Marian Boreland	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2107 Wilson Blvd suite 800		
CITY/ST/ZIP/CO:	arlington, VA 22201		

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/ ENDRE ESZTERGOMI</u>	<u>ENDRE ESZTERGOMI,</u>	<u>2/21/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.