

1.) CORPORATION NAME:

SNC-LAVALIN TRANSPORTATION USA INC.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1892878**

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: 13901 SUTTON PARK DRIVE
SOUTH, SUITE 200

CITY/ST/ZIP: JACKSONVILLE, FL 32224

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:	IAN MATHESON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1200-1075 WEST GEORGIA ST.		
CITY/ST/ZIP/CO:	, , FN		
NAME:	ARDEN R. FURLOTTE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	455 RENE LEVESQUE BLVD WEST		
CITY/ST/ZIP/CO:	MONTREAL, QC, H2Z1Z, CANADA		
	, , FN		
NAME:	LOUISE PELLETIER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	455 RENE LEVESQUE BLVD WEST		
CITY/ST/ZIP/CO:	MONTREAL, QC, H2Z1Z, CANADA		
	, , FN		
NAME:	TIMOTHY (TIM) MICHAEL ZIMMER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1600 MARKET STREET, SUITE 1650		
CITY/ST/ZIP/CO:	PHILADELPHIA, PA 19103		
NAME:	FERNANDO ANTUNES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	185 The West Mall		
CITY/ST/ZIP/CO:	Toronto, M9C 5L5, CA		
NAME:	ALAIN LEMAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	200 -2700 Production Way		
CITY/ST/ZIP/CO:	Burnaby, V5A 4X1, CA		

NAME: JAMES BURKE TITLE: DIRECTOR ADDRESS: 1075 West Georgia Street CITY/ST/ZIP/CO: Vancouver, V6E 3C9, CA	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MICHAEL IOFFREDI TITLE: TREASURER ADDRESS: 455 René-Lévesque West CITY/ST/ZIP/CO: Montreal, H2Z 1Z3, CA	<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/ LOUISE PELLETIER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LOUISE PELLETIER, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	4/25/2014 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.		