

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213553325

1.) CORPORATION NAME:

SNC-LAVALIN CAPITAL USA 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: **F1916313**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2101 WILSON BLVD
COLONIAL PLACE 11/ SUITE 950

CITY/ST/ZIP: ARLINGTON, VA 22201

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.

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROCCO COLETTA	
TITLE:	DIRECTOR	
ADDRESS:	9009 WEST LOOP SOUTH SUITE 800	
CITY/ST/ZIP/CO:	HOUSTON, TX 77096	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GERRY GRIGOROUPOULOS	
TITLE:	DIRECTOR	
ADDRESS:	455 RENE LEVESQUE BOULEVARD OUEST MTL, QC H2Z, 1Z3, CANADA	
CITY/ST/ZIP/CO:	, , FN	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DOMINICK TRUPIA	
TITLE:	DIRECTOR	
ADDRESS:	9009 WEST LOOP SOUTH STE 800	
CITY/ST/ZIP/CO:	HOUSTON, TX 77096	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PATRICE DUVAL	
TITLE:	PRESIDENT	
ADDRESS:	455 RENE LEVESQUE BOULEVARD WEST MONTREAL, QUEBEC H2Z1Z3, CA	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	GERASIMOS (GERRY) GRIGOROPOULOS	
TITLE:	CHAIRMAN	
ADDRESS:	455 RENE LEVESQUE BOULVEARD WEST MONTREAL, QUEBEC H2Z1Z3, CA	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHAEL IOFFREDI	
TITLE:	TREASURER	
ADDRESS:	455 RENE LEVESQUE BOULEVARD WEST MONTREAL, QUEBEC H2Z1Z3, CA	
CITY/ST/ZIP/CO:		

NAME:	ARDEN R. FURLOTTE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	455 RENE LEVESQUE BOULEVARD WEST		
CITY/ST/ZIP/CO:	MONTREAL, QUEBEC H2Z1Z3, CA		

NAME:	LOUISE PELLETIER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	455 RENE LEVESQUE BOULEVARD WEST		
CITY/ST/ZIP/CO:	MONTREAL, QUEBEC H2Z1Z3, CA		

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	LOUISE PELLETIER, ASST SECRETARY	11/4/2013
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.