

1.) CORPORATION NAME:

Parsons Construction Group Inc.

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1921834**

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: 100 WEST WALNUT STREET

CITY/ST/ZIP: PASADENA, CA 91124

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 checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	GARRY HIGDEM	
TITLE:	PRESIDENT	
ADDRESS:	1499 W. 120TH AVE STE 200	
CITY/ST/ZIP/CO:	WESTMINSTER, CO 80234	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ANDREW C ALBRECHT	
TITLE:	VICE PRESIDENT	
ADDRESS:	1216 140TH AVE, CT EAST	
CITY/ST/ZIP/CO:	SUMNER, WA 98390	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	GEORGE L BALL	
TITLE:	TREASURER	
ADDRESS:	100 WEST WALNUT STREET	
CITY/ST/ZIP/CO:	PASADENA, CA 91124	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CLYDE E ELLIS, JR	
TITLE:	SECRETARY	
ADDRESS:	100 M STREET, SE	
CITY/ST/ZIP/CO:	WASHINGTON, DC 20003	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	THOMAS E BARRON	
TITLE:	DIRECTOR	
ADDRESS:	100 M STREET, SE	
CITY/ST/ZIP/CO:	WASHINGTON, DC 20003	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	THOMAS L ROELL	
TITLE:	DIRECTOR	
ADDRESS:	100 WEST WALNUT STREET	
CITY/ST/ZIP/CO:	PASADENA, CA 91124	

NAME: JAMES R SHAPPELL TITLE: DIRECTOR ADDRESS: 100 M ST SE CITY/ST/ZIP/CO: WASHINGTON, DC 20003	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: CARLTON E WILLIAMS TITLE: ASST SECRETARY ADDRESS: 16055 SPACE CENTER BLVD STE 725 CITY/ST/ZIP/CO: HOUSTON, TX 77062	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ CARLTON EWILLIAMS	CARLTON EWILLIAMS,	1/14/2014
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.