Filing Fee: \$75.00



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335

OCT 31 2001

APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

BUSINESS CORPORATION

(To Be Filed In Duplicate Original)

Pursuant to the provisions of Section 7-1.1-111 of the General Laws, 1956, as amended, the undersigned corporation hereby applies for an Amended Certificate of Authority to transact business in Rhode Island, and for that purpose submits the following statement:

1.	The name of the corporation is Montgomery Watson Americas, Inc.
2.	It is incorporated under the laws of California
3.	A Certificate of Authority was issued to the corporation by the office of the Secretary of State of the State of Rhode Island on 03/22/1994 , authorizing it to transact business in Rhode Island under the name of: Montgomery Watson Americas, Inc.
4.	The corporate name of the corporation has been changed to
	(If no change, so indicate.)
5.	The name, if different, which it elects to use in Rhode Island is:
	(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:
	MWH Americas, Inc.
	(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this Application:
6.	The corporation desires to pursue in the transaction of business in Rhode Island other or additional purposes than those set forth in its prior Application for a Certificate of Authority, as follows:
	(If no other or additional purposes are proposed, insert "No Change.")
	No Change

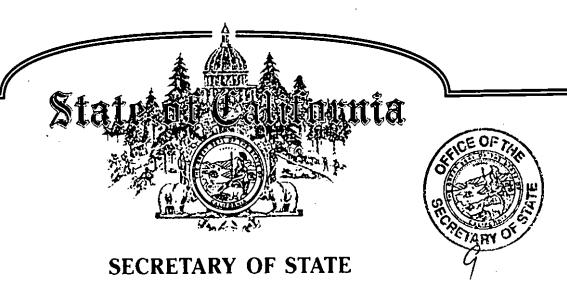
Form No. 151 Revised: 01/99

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7.	If the	nere has been an increase in luding the increase (If there I	n tne authorized shar has been no increase	es of the corporation, list in shares, insert "no chai	tithe total number of authorized shares, nge"): No Change
		Total Number of Authorized Shares	<u>Class</u>	<u>Series</u>	Par Value or Statement that Shares are without Par Value
8.	(a)	An estimate of the value of a is \$ 210,000,000.00	all property to be own	ed by the corporation for	the following year, wherever located,
	(b)	An estimate of the value of t is \$ 0.00	he corporation's prop	erty to be located within F	Rhode Island during the following year
	(c)	corporation to be located with	thin this state during the ring the following year	he following year bears to	estimated value of the property of the the the value of all property of the .00%. [divide (b) by (a) and
9.	(a)	An estimate of the gross am \$ 411,494,000 00	nount of business to b	e transacted by the corpo	oration during the following year is
	(b)	An estimate of the gross am Rhode Island during the foil	nount of business to b owing year is \$ 0.00	e transacted by the corpo	pration at or from places of business in
		the corporation at or from pl thereof which will be transac and multiply by 100 to obtain	aces of business in the cted by the corporation in the percentage)	nis state during the following yea	
10	Exi hei	cept as herein modified, the reby confirmed, ratified and in	original Application for acorporated by referen	or Certificate of Authority nce into this Application for	continues in full force and effect and is or Amended Certificate of Authority.
Dа	te _	October 17, 2001		Montgomery Watson Ame	
				Print Exact Name	of Corporation Making Application
			David A. Taggart	By David C.	/ my and
				☐ President or	Vice President (check one)
		·		Deril.	ANO (/
			PPPPP WGGPPNA		
			Michael Donnell	y ☐ Secretary or	Assistant Secretary (check of le)
		OF (Living Mark) Colorado			
			eld , on this 17 th	day of October	2001 personally appeared
be	fore	me David A. Tuggart		who, being by	me first duly sworn, declared that he/she
		Vice Profesion			he/she signed the foregoing document as
Sü	ch o	ficer wille consolition, and	that the statements h	erein contained are true.	
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	Ø	MONIQUE Y.		Notary Public	Winds of the second
	A A	DOMINGUEZ		My Commission Expires	My Commission Expires Oct. 1, 2003

CONTINUE OF COLORS

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS



I, *BILL JONES*, Secretary of State of the State of California, hereby certify:

That the attached transcript of ______ page(s) was prepared by and in this office from the record on file, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

OCT 0 1 2001

July Johns

Secretary of State

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	100 NORTH MAIN STREET			OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.				
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	CONTACT: MARY BAKER	(213) 630-1354	Δ	7011 (
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100 NORTH MAIN STREET

PROVIDENCE, RHODE ISLAND 02903

ACORO 25-S (1/95)

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OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

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	PROVIDENCE PLANTATIONS			. 3000 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.				
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	TTN: MS. PAMELA POLUMBO		AGINORIZED KI	AUTHORIZED REPRESENTATIVE TURNED 2.427				
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	S ANGELES, CALIFORNIA L: (213) 599-4000	90017-5563		COMPANIES	AFFORDING COVERA	GE	
	NTACT: MARY BAKER (21	3) 599-4002	COMPANY	LEXINGTON :	INSURANCE COMPA	NY	
_	red Nigomery Watson Ameri	Ohe Wa	COMPANY	·			
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4	Professional Liability	PX-1672	0 / 23 / 0 /	0/31/05	Each Claim \$5		
	(claims made)	*Excess of \$3,000	8/31/94 0.000 STR	8/31/95	Aggregate \$5,	000,000	
	CRIPTION OF OPERATIONS/LOCATIONS/VEH						
JM	4 JOB #: CC: 20711 PR E CORPORATION IN RHOD	OOF OF PROFESSIONAL	LIABILITY INS	SURANCE IS 1	REQUIRED IN ORD	ER TO QUALIFY	
CE	RTIFICATE HOLDER	 	CANCELLAT	TION			
	•	· · · · · · · · · · · · · · · · · · ·			SCRIBED POLICIES BE CAN	CELLED BEFORE THE	
	STATE OF RHODE ISL	מאב חאב	EXPIRATION		E ISSUING COMPANY WILL		
	PROVIDENCE PLANTAT		30 DAY	DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE CHALD IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.			
	OFFICE OF THE SECR	ETARY OF STATE	BUT FAILURE				
	100 NORTH MAIN STR		· · · · · · · · · · · · · · · · · · ·				
	PROVIDENCE, RHODE ATTN: MS. PAMELA P		AUTHORIZED REI	PRESENTATIVE	I mione	Tressorio	
AC	ORD 25-S (3/93)					DRPORATION 1993	