

Filing fee: \$150.00
License fee: \$15.00 minimum
(Section 7-1.1-124)

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RI 02903

Corp. I.D. #

71373

APPLICATION FOR
CERTIFICATE OF AUTHORITY
OF

HNTB CORPORATION

To the Secretary of State
of the State of Rhode Island

Pursuant to the provisions of Section 7-1.1-103 of the General Laws, 1956, as amended, the undersigned corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

FIRST: The name of the corporation is HNTB CORPORATION

SECOND: The name which it elects to use in Rhode Island is

HNTB CORPORATION

(If the name of the corporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation of one of such words, insert the name of the corporation with the word or abbreviation which it elects to add thereto for use in Rhode Island;)

THIRD: It is incorporated under the laws of Delaware

FOURTH: The date of its incorporation is November 4, 1992 and the period of its duration is perpetual

FIFTH: The address of its principal office in the state or country under the laws of which it is incorporated is Corporation Trust Center, 1209 Orange St. Wilmington, DE. 19801

SIXTH: The address of its proposed registered office in Rhode Island is 123 Dyer Street, Providence, R.I. 02903 and the name of its proposed registered agent in Rhode Island at that address is CT CORPORATION SYSTEM


Signature

SEVENTH: The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are

To engage in and provide engineering services and
to engage in any lawful activity for which corporations may be qualified.

EIGHTH: The names and respective addresses of its directors and officers are:

<u>Name</u>	<u>Office</u>	<u>Address</u>
Please see attached	Director	
	Director	
	Director	
	President	
	Vice President	
	Secretary	
	Treasurer	

NINTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
10,000	Common		\$.01

TENTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
10,000	Common		\$.01

ELEVENTH: An estimate of the value of all property to be owned by it for the following year, wherever located, is \$ 900,000.00

TWELFTH: An estimate of the value of its property to be located within Rhode Island during such year is \$ 0.00

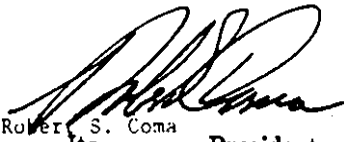

THIRTEENTH: An estimate of the gross amount of business to be transacted by it during such year is \$ 140,000,000.00

FOURTEENTH: An estimate of the gross amount of business to be transacted by it at or from places of business in Rhode Island during such year is \$ 0.00

FIFTEENTH: This Application is accompanied by a copy of its articles of incorporation and all amendments thereto, duly authenticated by the proper officer of the state or country under the laws of which it is incorporated.

Dated December 14, 1992

HNTB CORPORATION
[Exact Corporate Name of Corporation Making Application]

By 
Robert S. Coma
Its President
and 
Kendall T. Lincoln
Its Secretary

STATE OF MISSOURI }
COUNTY OF JACKSON } Sc.

At Kansas City, Missouri in said County on the 14th day
of December 1992, before me personally appeared
Kendall T. Lincoln, who being by me first duly sworn, declared that
he is the Secretary of HNTB CORPORATION,
that he signed the foregoing document as such Secretary of the
corporation, and that the statements therein contained are true.


Vickie I. Brennan
Notary Public

VICKIE I. BRENNAN
(NOTARIAL SEAL)
Notary Public, State of Missouri
Commissioned in Platte County
My Commission Expires March 17, 1993

HNTB CORPORATION
DELAWARE DOMESTIC

LIST OF OFFICERS
AND DIRECTORS

Robert S. Coma
PRESIDENT/DIRECTOR
1215 N.W. 43rd Terrace
Kansas City, MO 64116

Donald A. Dupies
DIRECTOR
600 Windsor Road
Glenview, IL 60025-4453

Gordon H. Slaney, Jr.
EX. VICE PRESIDENT/
DIRECTOR
128 Colonial Road
North Abington, MA 02351

Hugh E. Schall
DIRECTOR
14019 165th Avenue N.E.
Woodinville, WA 98072

Kendall T. Lincoln
SECRETARY/TREASURER
6324 Dearborn Dr.
Mission, KS 66202

Harvey K. Hammond, Jr.
DIRECTOR
1386 Hacienda Lane
Cedarburg, WI 53012

John S. Watson
ASSISTANT SECRETARY/
ASSISTANT TREASURER
405 Woodbridge Lane
Kansas City, MO 64145

ACORD. CERTIFICATE OF INSURANCE

2111

ISSUE DATE (MM/DD/YY)

1/29/93

PRODUCER

Marsh & McLennan, Incorporated
10 SOUTH BROADWAY
St. Louis, MO 63102

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND
CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE
DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE
POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A CONTINENTAL CASUALTY CO

COMPANY LETTER B

COMPANY LETTER C

COMPANY LETTER D

COMPANY LETTER E

INSURED

HNTB Corporation
1201 Walnut
Suite 700
Kansas City, MO 64106

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				GENERAL AGGREGATE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$
					FIRE DAMAGE (Any one fire) \$
					MED. EXPENSE (Any one person) \$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	<input type="checkbox"/> GARAGE LIABILITY				
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS
					EACH ACCIDENT \$
					DISEASE-POLICY LIMIT \$
					DISEASE-EACH EMPLOYEE \$
A	OTHER PROF LIAB -OTH	PSF00-821-39-85	1/01/93	1/01/94	SEE BELOW

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

\$1,000,000 Per Claim
\$1,000,000 Annual Aggregate

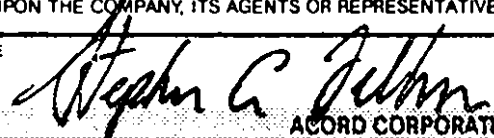
CERTIFICATE HOLDER

Corporations Division
Rhode Island Secretary
of State
100 N. Main Street
Providence, RI 02903

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



State of Delaware
Office of the Secretary of State

I, MICHAEL RATCHFORD, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF INCORPORATION OF "HNTB CORPORATION" FILED IN THIS OFFICE ON THE FOURTH DAY OF NOVEMBER, A.D. 1992, AT 10:30 O'CLOCK A.M.

A CERTIFIED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO NEW CASTLE COUNTY RECORDER OF DEEDS FOR RECORDING.

* * * * *



Michael Ratchford

Michael Ratchford, Secretary of State

AUTHENTICATION: *3710739

722356162

DATE: 12/21/1992