AZ CORPORATION COMMISSION FILED



DO NOT PUBLISH THIS SECTION

a corporate ending which may be "corporation," "association," "company," "limited," "incorporated" or an abbreviation of any of these words, if you are the holder or assignee of a tradename or trademark, attach a Trade Name Certificate. If your name is not available for use in Arizona, you must adopt a fictitious name and provide a resolution adopting the name, which must be executed by the corporation Secretary,

3. You must provide the total duration in years for which your corporation was formed to endure. If perpetual succession, so indicate in this section. Do not leave blank, or state enot applicables.

5. The statutory agent must provide a street address. If statutory agent has a P.O. Box, then they must also provide a physical street address/ location.

DEC 31 2008

1. The corporate name must confident NO. F-14969720 IN ARIZONA

Pursuant to A.R.S. Title 10, Chapter 15 and 38

The	e name of the corporation is: GHD Inc.
	A(n) California Corporation
	(State, Province or Country)
	(,
_ <u>X</u>	We are a foreign corporation applying for authority to transact business in the state of Arizona.
1.	The exact name of the foreign corporation is:
	GHD Inc.
	If the exact name of the foreign corporation is not available for use in this state, then the fictitious name adopted for use by the corporation in Arizona is:
	(FN).
2.	The name of the state, province or country in which the foreign corporation is incorporated is
	California
3.	The foreign corporation was incorporated on the 1st day of July 2006 and the period of its divisation is: perpetual
	and the period of its duration is: perpetual
4.	The street address of the principal office of the foreign corporation in the state, province or country of its incorporation is:
	16451 Scientific Way
	Irvine, California 92618
5.	The name and street address of the statutory agent for the foreign corporation in Arizona is:
	C T Corporation System
	2394 Camelback Road
	Phoenix, Arizona 85016

Arizona Corporation Commission

Corporations Division

AZ045 - 1/04/2007 C T System Online

CF:0024

Rev: 10/2006

DO NOT PUBLISH THIS SECTION		ress of the known place of business of the NT from the street address of the statutory	
5.b. Indicate to which address the Annual Report should be mailed.	5.b. The Annual I specified abo	Report and general correspondence should be in section $4\underline{X}$ or $5a\underline{\hspace{1cm}}$.	d be mailed to the address
6. If the purpose of your corporation has any limitations please indicate. If not, state no limitations or leave blank.	corporations m	the corporation is to engage in any and all ay engage in the state, province or country ncorporated, with the following limitations in	under whose law the foreign
· ·		I business addresses of the current directors: (Attach additional sheets if necessary.)	rs and officers of the foreign
	Name: SEE EX	KHIBIT A ATTACHED	
	Niamas		Ffito
		· · · · · · · · · · · · · · · · · · ·	
·			
		•	
	City, State, Zin		
8. The total number of authorized shares	8. The foreign cor	poration is authorized to issue 100,000 nal sheets if necessary.)	
cannot be Azeroe or	100,000	shares of common	[class or series] stock at
AN/A@. Include authorized, not	0	no par value or par value of $\frac{0}{2}$	per share.
issued shares in this	•	•	
section.		shares of	
	-	no par value or par value of \$	per share.
		shares of	[class or series] stock at
		no par value or par value of \$	
CF:0024 Rev: 10/2006		· · · · · · · · · · · · · · · · · · ·	Arizona Corporation Commission Corporations Division

EXHIBIT A

DIRECTORS AND OFFICERS

OF

GHD INC.

Clive Robert Weeks Michael John Polin Desmond Robert Whybird

Director Director

Director.

Donald Graf Jason Gianquinto Amy Haugerud President

Vice President - Engineering Services

Amy Haugerud Wayne Francisco Richard Holliday Vice President – Washington Vice President – Charlotte Chief Financial Officer

and Secretary

All directors and officers are located at:

16451 Scientific Way Irvine, California 98502

DO NOT PUBLISH THIS SECTION

9. The total number of issued shares cannot be AN/A@.

The Application must be accompanied by the following:

①A Certificate of Disclosure, executed within 30 days of delivery to the Commission, by a duly authorized officer

@A certified copy of your articles of Incorporation, all amendments and mergers (AZ Const. Art. XIV, 18) and a certificate of existence or document of similar import duly authenticated (within 60 days) by the official having custody of corporate records in the state, province or country under whose laws the corporation is incorporated.

The agent must consent to the appointment by executing the consent.

100,000 shares of common [class or series] stock 0	·	n corporation has issued		shares, itemized as	
shares of	100,000	shares of cor	nmon	[class or series]	stock at
	0	no par value	or par value of \$_0	r	er share
shares of[class or series] stockno par value or par value of \$per sh D. The character of business the foreign corporation initially intends to conduct in Arizon Engineering Services Dated this		shares of		[class or series]	stock at
		no par value	or par value of \$	F	er share.
Dated this		shares of		(class or series)	stock at
Engineering Services Dated this29th		no par value	or par value of \$		er share
Donald Graf President					
[print name] [title] PHONE 949-250-0501 FAX 949-250-0541	Dated this	29th day of	December,	, 2008	_ _
PHONE 949-250-0501 FAX 949-250-0541					<u>-</u>
		touly Authorized O	fficer]	: .	
		Donald Graf	fficer]	President	
	Executed I	Donald Graf [print name]	fficer]	President [title]	- -

ACCEPTANCE OF APPOINTMENT BY STATUTORY AGENT

The undersigned hereby acknowledges and accepts the appointment as statutory agent of this corporation effective this 31 day of December, 2008.

Signature

Baher Tanius, Assistant Secretary
[Print Name]

C T Corporation System

[If signing on behalf of a company serving as statutory agent, print company name here]

CF:0024 Rev: 10/2006

Arizona Corporation Commission Corporations Division

PROFIT CERTIFICATE OF DISCLOSURE

Pursuant to A.R.S. §10-202. (D).

	GHD Inc.
	EXACT CORPORATE NAME
A. Has any person serving either by election or appointment as officer, 10% of the issued and outstanding common shares or 10% of any ot	director, trustee, incorporator and persons controlling or holding over ner proprietary, beneficial or membership interest in the corporation:
 Been convicted of a felony involving a transaction in securities, co year period immediately preceding the execution of this Certifica 	nsumer fraud or antitrust in any state or federal jurisdiction within the seven- te?
Been convicted of a felony, the essential elements of which consist or monopoly in any state or federal jurisdiction within the seven-	ted of fraud, misrepresentation, theft by false pretenses, or restraint of trade fear period immediately preceding the execution of this Certificate? ant order of any state or federal court entered within the seven-year period uch injunction, judgment, decree or permanent order: a securities laws of that jurisdiction; or diction; or
Yes NoX	
B. IF YES, the following information MUST be attached:	
 Full name, prior name(s) and aliases, if used. Full birth name. Present home address. Prior addresses (for immediate preceding 7-year period). 	 The nature and description of each conviction or judicial action, date and location, the court and public agency involved and file or cause number of case.
5. Date and location of birth.	
C. Has any person serving as an officer, director, trustee, incorporator of shares or twenty per cent of any other proprietary, beneficial or mem twenty per cent interest in any other corporation in any jurisdiction or Yes No X IF YOUR ANSWER TO THE ABOVE QUESTION IS "YES", YOU MUST A 1. Name and address of the corporation. 2. Full name (including aliases) and address of each person involved. 3. State(s) in which the corporation: (a) Was incorporated. (b) Has transacted business.	bership interest in the corporation served in any such capacity or held a the bankruptcy or receivership of the other corporation?
Under penalties of law, the undersigned incorporator(s)/officer(s) declare attachments, and to the best of my(our) knowledge and belief it is true, of THE SIGNATURE(S) MUST BE DATED WITHIN THIRTY (30) DAYS O	orrect and complete, and hereby declare as indicated above.
BY_all	BY
	PRINT NAME
TITLE DATE _17/29/08	TITLE DATE
DOMESTIC CORPORATIONS: ALL INCORPORATORS MUST SIGN person becomes an officer, director, trustee or person controlling or hold proprietary, beneficial, or membership interest in the corporation and the AMENDED certificate signed by at least one duly authorized officer of the	THE INITIAL CERTIFICATE OF DISCLOSURE. If within sixty days, any ing over 10% of the issued and outstanding shares or 10% of any other person was not included in this disclosure, the corporation must file an ecorporation.
FOREIGN CORPORATIONS: MUST BE SIGNED BY AT LEAST ONE	· - ·
CF: 0022 – Business Corporations Rev: 09/2008	Arizona Corporation Commission Corporations Division

CERTIFICATE OF STATUS

ENTITY NAME:

GHD INC.

FILE NUMBER: FORMATION DATE:

C2889127 07/01/2006

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 31, 2008.

DEBRA BOWEN
Secretary of State





I, DEBRA BOWEN, 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

MOV 1 9 2008

DEBRA BOWEN
Secretary of State



State of California **Kevin Shelley** Secretary of State

200412110142

LIMITED LIABILITY COMPANY **ARTICLES OF ORGANIZATION**

APR 2 1 2004

A \$70.00 filling fee must accompany this form.

APPROVED BY SECRETARY OF STATE

IMPORTANT - Read instructions before completing this form. This Space For Filling Use Only NAME OF THE LIMITED LIABILITY COMPANY (END THE NAME WITH THE WORDS "LIMITED LIABILITY COMPANY," "LTD. LIABILITY CO, "OR THE ABBREVIATIONS "LIC" OR "L.L.C.") GHD LLC THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMITED LIABILITY COMPANY ACT. CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS. AN INDIVIDUAL RESIDING IN CALIFORNIA. PROCEED TO ITEM 4. A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO SECTION 1505. PROCEED TO ITEM 5. AGENT'S NAME: GKL CORPORATE/SEARCH, INC. ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL: ADDRESS CITY ZIP CODE THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY: (CHECK ONE) ONE MANAGER MORE THAN ONE MANAGER ALL LIMITED LIABILITY COMPANY MEMBER(S) OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE SET FORTH ON SEPARATE ATTACHED PAGES AND ARE MADE A PARY OF THIS CERTIFICATE. OTHER MATTERS MAY INCLUDE THE LATEST DATE ON WHICH THE LIMITED LIABILITY COMPANY IS TO NUMBER OF PAGES ATTACHED, IF ANY: TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY. (FOR INFORMATIONAL PURPOSES ONLY) Engineering services IT IS HERESY/DECL AREA THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED. April 21, 2004 Stephen A. Aron TYPE OR PRINT NAME OF ORGANIZER 10. RETURN TO: NAME Stephen A. Aron FIRM Squire, Sanders & Dempsey L.L.P. ADDRESS 801 South Figueroa Street, 14th Floor CITY/STATE Los Angeles, California ZIP CODE 90017 SEC/STATE FORM LLC-1 (Rev. 12/2003) - FILING FEE \$70.00



2889127200412110141

is office of the Secretary of Scion of the State of California

JUL 0 1 2006 24

ARTICLES OF INCORPORATION WITH STATEMENT OF CONVERSION OF GHD INC.

١.

The name of the corporation is GHD Inc.

11.

The purpose of the corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of California other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the California Corporations Code.

111.

The name and address in the State of California of the corporation's initial agent for service of process is:

Jim Giannopoulos 18201 Von Karman Avenue Suite 650 Irvine, California 92612

IV.

The corporation is authorized to issue only one class of shares of stock; and the total number of shares which the corporation is authorized to issue is one hundred thousand (100,000).

٧.

The name of the converting California limited liability company is GHD LLC. The limited liability company's California Secretary of State file number is 200412110142. The principal terms of the plan of conversion were approved by a vote of the sole member, which equaled or exceeded the vote required under Section 17540.3 of the Corporations Code. There is one class of member entitled to vote and the percentage vote required is 100% of the interest of the sole member. The limited liability company is converting into a California stock corporation.

The liability of the directors of the corporation for monetary damages shall be eliminated to the fullest extent permissible under California law.

VII.

The corporation is authorized to provide indemnification of agents (as defined in Section 317 of the Corporations Code) for breach of duty to the corporation and its stockholders through bylaw provisions or through agreement with the agents, or both, in excess of the indemnification otherwise permitted by Section 317 of the Corporations Code, as the same may be amended or replaced from time to time, subject to the limits on such excess indemnification set forth in Section 204 of the Corporations Code, as the same may be amended or replaced from time to time.

DATED: June 22, 2006

Clive Robert Weeks, Manager of GHD LLC and Incorporator

I declare that I am the person who executed the foregoing Articles of Incorporation, which execution is my act and deed.

Clive Robert Weeks, Manager of GHD LLC and Incorporator

Michael John Polin, Manager of GHD LLC and Incorporator

I declare that I am an additional person who executed the foregoing Articles of Incorporation, which execution is my act/and greed.

Michael John Polin, Manager of GHD LLC and Incorporator

Desmond Robert Whybird, Manager of GHD LLC and Incorporator

I declare that I am an additional person who executed the foregoing Articles of Incorporation, which execution is my act and deed.

Desmond Robert Whybird, Manager of GHD LLC and Incorporator





I, DEBRA BOWEN, 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

NOV 1 9 2008

John Bowen

DEBRA BOWEN Secretary of State



State of California Kevin Shelley Secretary of State

STATEMENT OF INFORMATION

(Limited Liability Company)

Filing Fee \$20,00: If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY NAME: (Please do not after it name is preprinted.)

GHD LLC

FILED
in the office of the Secretary of State
of the State of California

' JUN 1 4 2004

KEVIN SHELLEY, SECRETARY OF STATE

This Space For Filling Use Only

	E OR PLACE OF ORGANIZATION		1300	
SECRETARY OF STATE FILE	NUMBER	3. STATE OR PLACE OF ORGANIZATIO	M	
200412110142		California		
COMPLETE ADDRESSES	FOR THE FOLLOWING (Do not abbrev	late the name of the city. Items 4 and 5	cannot be POB	Xes()
STREET ADDRESS OF PRIN		CITY AND STATE		ZIP CODE
10 Bond Street		Sydney NSW 2000	Australia	·
CALIFORNIA OFFICE WHER	E RECORDS ARE MAINTAINED (DOMESTIC ON	LY) CITY	STATE	ZIP CODE
	S. Figueroa St., 14th Fl.	Los Angeles	CA	90017
AGENT FOR SERVICE OF	PROCESS The process of the control	completed with a California address say of State a carifficate pursuant to Co	river e	section 1905 and Ifam
MAME OF AGENT FOR SER GKL Corporate/Sear	ch, Inc.			,
7. ADDRESS OF AGENT FOR S	ervice of process in California, if ah in	DIVIOUAL CITY	SYATE	XIP CODE
•			CA	· · · · · · · · · · · · · · · · · · ·
TYPE OF BUSINESS				不是那些是是 企业
Engineering services NAME AND COMPLETE PROVIDE THE NAME AN	ADDRESS OF ANY MANAGER OR D ADDRESS OF EACH MEMBER (AM	on adoptivital pages, it recessary,	BEEN APPO	ZIP CODE
8, NAME	ADDRESS	CITY AND STATE		DF GODE.
Clive Robert Weeks	Level 8, 180 Lonsdale Street	Melbourne VIC 30	000 Australia	ZIP CODE
10. NAME	ADDRESS	CITY AND STATE		ZIP CODE
Michael John Polin	Level 1, 10 Bond Street	Sydney NSW 200	00 Australia	
11. NAME	ADDRESS	CHY AND STATE		ZIP CODE
Peter Denis Wood	Level 8, 180 Lonsdale Street	Melbourne VIC 3	000 Australia	
NAME AND COMPLETE	ADDRESS OF THE CHIEF EXECUTIVE	E OFFICER, IF ANY	a desertion	
12. NAME	ADDRESS	CITY AND STATE	•	ZIP CODE
lim Glannopoulos	AINED HEREIN IS TRUE AND CORRECT. PERSON COMPLETING THE FORM	USA O	perations Man	ager 6/14/2004 5ATE
DUE DATE:				
LLC-12 (REV D1/2004)			APPROVED	BY SECRETARY OF STATE



LLC-12 (REV 05/2005)

State of California Secretary of State



STATEMENT OF INFORMATION (Limited Liability Company)

Filing Fee \$20.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY NAME (Please do not alter if name is preprinted.)

GHD LLC

in the office of the Secretary of State of the State of California

JUL 17 2006

APPROVED BY SECRETARY OF STATE

25√5 R € 7 This Space For Filing Use Only

		This Space Fo	r Filing Use Only
DUE DATE:			
FILE NUMBER AND STATE OR PLACE OF ORGANIZATION			
2. SECRETARY OF STATE FILE NUMBER	3. STATE OR PLACE OF ORGANIZATION	1	
200412110142	California		
COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate	the name of the city. Items 4 and 5 car	nnot be P.O. Box	(es.)
4. SYREEY ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY AND STATE	***************************************	ZIP CODE
10 Bond Street	Sydney ŃSW 2000 Au	ıstralia	
5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)	CITY	STATE	ZIP CODE
18201 Von Karman-Avenue, Suite 650	Irvine	CA	92612
NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OF	FICER, IF ANY		
6. NAME ADDRESS	CITY AND STATE		ZIP CODE
Clive Robert Weeks Level 8, 180 Lonsdale Street	Melbourne VIC 3000)	Australia
NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MA PROVIDE THE NAME AND ADDRESS OF EACH MEMBER (Attach:	NAGERS, OR IF NONE HAVE BI additional pages, if necessary.)	EEN APPOIN	TED OR ELECTED,
7. NAME ADDRESS	CITY AND STATE		ZIP CODE
Richard Peter Holliday Level 2, 10 Bond Street	Sydney NSW 2000		Australia
8. NAME ADDRESS	CITY AND STATE		ZIP CODE
Michael John Polin Level 2, 10 Bond Street	Sydney NSW 2000		Australia
9. NAME ADDRESS	CITY AND STATE		ZIP CODE
Peter Denis Wood Level 8, 180 Lonsdale Street	Melbourne VIC 3000)	Australia
AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the address. If the agent is a corporation, the agent must have on file with the Caston and Item 11 must be left blank.)	agent must reside in California and Item alifornia Secretary of State a certificate p	11 must be com pursuant to Corp	pleted with a California porations Code section
10. NAME OF AGENT FOR SERVICE OF PROCESS			
Jim Giannopoulos			
11. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIV	IDUAL CITY	STATE	ZIP CODE
18201 Von Karman Avenue, Suite 650	Irvine	CA	92612
TYPE OF BUSINESS		· · · · · · · · · · · · · · · · · · ·	
12. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY			
Management Consulting Services			
Jim Giannopoulos	US 02994	That Whiass	≵J une 28, 2006
TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM		TITLE	DATE





STATEMENT OF INFORMATION

(Comestic Stock Corporation)

FEES (Filing and Disclosure): \$25.00. If amendment, see instructions. IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATE NAME (Please du not alter diname la prenimed) GHD INC.

OCT 2 3 2008

C\$889127

			.1 This Space Fo	r Faing Use Unity
DUE DATE:				
CALIFORNIA CORPORATE DISCL	LOSURE ACT (Corporators Code section 15 file with the Secretary of State a Corporate	(92.1) Disclosure Stateme	of (Form Si-PT) annu	ually, within 150 days
A publicly traded corporation must !	lie with the Secretary of State a Corporate se see reverse for additional information re	egarding publicly trace	ded corporations.	
THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NA				
NO CHANGE STATEMENT	in any of the information contained in the la	st Statement of Inform	nation filed with the Se	cretary of State, check
M hour com 200 com	nose to the encompanion contained in the last	t Statement of informations	ration lied with the Se	cretary or state, or no
statement has been previou:	sly filed, this form must be completed in its er	mely.	and A connot be P.O. Bo	xes)
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3 STREET ADDRESS OF PRINCIPAL EX	ECUTIVE CEENS	Invine, California		92612.
18201 Von Karman Avenue	ishess office in california. If any	CUA	STATE	ZIP CODE
t 2001 Mon Karman Avenue	•	Irvine,	CA_	92612
MARKE AND COMMITTE ADDRESS	ESSES OF THE FOLLOWING OFFICERS	The comporation mu	ust have these three offi	cers. A comparable title
for the specific officer may be anded; he	owever, the preprinted titles on this form inustrix	of be affered) CITY AND STATE		ZIP CODE
4 CHIEF EXECUTIVE OFFICER	ADDRESS 18201 Von Karman Avenue, Suite 650	CHI MAD SING	alifornia	92612
Donald Grai	ADDRESS	CITY AND STATE		ZIP CODE
Richard Holliday	18201 Von Karman Avenue, Suite 650		alifornia'	92612
CHIEF FINANCIAL OFFICER	ADDRESS	CITY AND STATE	.tifaia	ZIP COOF. 92612
Timbered Molfinday	18201 Von Kannan Avenue, Süite 650	Irvine, Ca		
NAMES AND COMPLETE ADDRU	ESSES OF ALL DIRECTORS, INCLUDING	G DIRECTORS WH	U ARE ALSO OFFIC	ERS (The Corp. auon
must have at least one director. Attach	additional pages, if necessary.)	CITY AND STATE		ZIP CODE
: NAME Clive Robert Weeks	18201 Von Kannan Avenue, Suite 650	lrvine, Ca	lilomia	92612 ZIF CODE
NAME Michael John Polin	ACCRESS 18201 Von Karman Avenue, Suite 650	CITY AND STATE Invine, Ca	lifomia	92612
10 NAME	1000566	CITY AND STATE	Maria.	ZIP CODE 92612
Desmond Pobert Whybird	18201 Von Kamnan Avenue, Suite 650	Irvine, Ca	iniorna	
11 NUMBER OF VACANCIES ON THE BO	DARD OF BIRECTORS, IF ANY		and them 42 must be ex-	ompleted with a California
AGENT FOR SERVICE OF PROC	CESS (if the agent is an includual, the agent π oration, the agent must have on file with the C	nust reside in California allfornia Secretary of \$	tano nem 13 most de da Stato a certificate nursul	ant to Corporations Code
address. If the agent is another corp section 1505 and Hern 13 must be left	Oradon, the agent these have on the min and a			
12 NAME OF AGENT FOR SERVICE OF	PROCESS			
Donald Graf		CUA	STATE	ZIP CODE
13. ADDRESS OF AGENT FOR SERVICE 18201 Von Karman Avenue.	OF PROCESS IN CALIFORNIA IF AN INDIVIDUAL	Irvine, California	CA	92612
	Suite Goo			
TYPE OF BUSINESS 14. DESCRIBE THE TYPE OF BUSINESS	OF THE COSPORATION			
Casionarian conicas				
A DIVIDUOUS TOUS THIS STATEMENT	OF INFORMATION TO THE SECRETARY OF STATE	E, THE CORPORATION.	CERTIFIES THE INFORMA	TION CONTAINED HEREIN.
MACCODANG ANY ATTACHMENTS, R	TRUE AND ODRRECT	1/./	President	10/2/2006
Donaid Grai	Year THE STORY SO	NATURE	TITLE	- / DATE
TIME ON PRINT NAME OF PERSONS	DOMESTARS THE NAME OF STREET		APPROVE	D BY SECRETARY OF STAT
\$1,700 11'C (REV (5 7009)				



07-261484

STATEMENT OF INFORMATION

(Demestic Stock Corporation)

FEES (Filling and Disclosure): \$25.00. If amendment, see instructions.

IMPORTANT—READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATE (RAME (Please do not alter 4 name is prepared).

C2889127 GHD INC. 18201 VON KARIMAN AVE IRVINE CA 92512

in the office of the Secretary c. State of the State of California

MAY 2 5 2007

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			Tha opaso	
EDATE: 07-31-07			ماکن بهروان به میکنان بازی باشده بازیان این است. است بازیان این است بازیان این است بازیان این است بازیان این ا	
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iblicty traded corporation must fi	OSURE ACT (Corporations Code section lile with the Secretary of State a Corpo	rate Disclosure Stateme	ed octoorations.	
the end of its ascet year. Hew	SC 3CC 12 (C) 3C 101 Manual Company of the Company	CONTRACTOR OF STREET		,
CHANGE STATEMENT			ation filed with the S	ecretary of State, check
If there has been no change the box and proceed to Itam	in any of the information contained in the 15. Its to the information contained in the completed in its	tast Statement of Information	etion filed with the S	secretary of State, or no
if there have been any char statement has been previous	sty filed, this form must be completed in it	ts entirety	nd 4 cannot be P.O. B	Boxes.)
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the specific officer may be added; he CHIEF EXECUTIVE OFFICER!	address ADDRESS	CITY AND STATE		ZIP CODE
SECRETARY	ADDRESS	CITY AND STATE		ZIP CODE
CHIEF FINANCIAL OFFICER/	ADDRESS	CITY AND STATE		ZIP CODE
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	ADDRESS	CITY AND STATE		ZIP CODE
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GENT FOR SERVICE OF PROductiess. If the agent is another comparison 1505 and Item 13 must be left	CESS (If the agent is an individual, the ago poration, the agent must have on file with t	ent must reside in California he California. Secretary of S	State a certificate pur	cuant to Corporations Cod
NAME OF AGENT FOR SERVICE OF	PROCESS	•		
			SYATE	ZIP CODE
ADDRESS OF AGENT FOR SERVICE	E OF PROCESS IN CALIFORNIA, IF AN INDIVID	WAL CITY	CA	
YFE OF BUSINESS				
DESCRIBE THE TYPE OF BUSINES	S OF THE CORPORATION			W TION CONTAINED WEDE
11 BY SUBMITTING THIS STATEMENT INCLUDING ANY ATTACHMENTS.	TOF INFORMATION TO THE SECRETARY OF	STATE, THE CORPORATION	CERTIFIES THE INFORT	E/>/->
Deviced F 6121AV	2694	SIGNATURE	PRESIDENT	DATE
TYPE OR PRINT NAME OF PERSON	COMPLETING THE FORM	Security and property and an experience of the security of the	APPROVE	D BY SECRETARY OF STAT
Si-300 N. C (REV 07/2004)				





STATEMENT OF INFORMATION

(Domestic Stock and Agricultural Cooperative Corporations)

FEES (Filing and Disclosure): \$25.00. If amendment, see instructions.

FILED
in the office of the Secretary of State
of the State of California

OCT 1 6 2008

IMPORTANI — REAL	IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM		OCT 1 0 2000		
		IMISTORM	This Space For	Filing Use Only	
CORPORATE NAME (Pleas	e do not alter if name is preprinted.)			s	
C2889127					
GHD Inc.					
16451 Scientific Way					
Irvine, California 92618	_				
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UE DATE:		•		ild. A.	
	OR THE FOLLOWING (Do not abbreviate the na				
STREET ADDRESS OF PRINCIP	'AL EXECUTIVE OFFICE	CITY .	STATE	ZIP CODE	
6451 Scientific Way		lrvine	CA	92618	
STREET ADDRESS OF PRINCIP	PAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE	
6451 Scientific Way	,	<u>Irvine</u>	CA	92618	
MAILING ADDRESS OF THE CO	PRPORATION, IF DIFFERENT THAN ITEM 2	CITY	STATE	ZIP CODE	
AMES AND COMPLETE A	DORESSES OF THE FOLLOWING OFFICER	RS (The corporation mus	st have these three off	icers. A comparable title	
	ded; however, the preprinted titles on this form must ADDRESS	CITY	STATE	ZIP CODE	
CHIEF EXECUTIVE OFFICER	,	trvine	· CA	92618	
onald Graf	16451 Scientific Way	CITY	STATE	ZIP CODE	
SECRETARY/	ADDRESS			92618	
ichard Holliday	16451 Scientific Way	Irvine CITY	CA STATE	ZIP CODE	
CHIEF FINANCIAL OFFICER	ADDRESS	Irvine	CA	92618	
ichard Holliday	16451 Scientific Way			The second section is a second section of the second section s	
AMES AND COMPLETE AI	DDRESSES OF ALL DIRECTORS, INCLUDII Attach additional pages, if necessary.)	NG DIKECTOKS WHO	AKE ALSO OFFIC	EKS (The corporation	
NAME	ADDRESS	CITY	STATE	ZIP CODE	
live Robert Weeks	16451 Scientific Way	Irvine	CA	92618	
NAME	ADDRESS	CITY	STATE	ZIP CODE	
Michael John Polin	16451 Scientific Way	Irvine	CA	92618	
). NAME	ADDRESS	CITY	STATE	ZIP CODE	
esmond Robert Whybird	16451 Scientific Way	Irvine	CA	92618	
eshona noben whybiid					
A PROPERTY OF THE CANDOS OF THE	HE BOARD OF DIRECTORS, IF ANT.				
the state of the s		() 1 1 6 6 17 - 1		14 1 24 0 0 150 - 1	
GENT FOR SERVICE OF P	ROCESS (If the agent is an individual, the agent	must reside in California a	and item 13 must be co	ampleted with a Californi	
GENT FOR SERVICE OF P	ROCESS (If the agent is an individual, the agent ss is not acceptable). If the agent is another corpor	ration, the agent must hav	and Item 13 must be or	impleted with a Californi proia Secretary of State	
GENT FOR SERVICE OF P reet address (a P.O. Box addre ertificate pursuant to Corporation	ROCESS (If the agent is an individual, the agent ss is not acceptable). If the agent is another corpors Code section 1505 and item 13 must be left blan	ration, the agent must hav	and frem 13 must be or re on file with the Fair	empleted with a Californi arnia Secretary of State	
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