



DO NOT PUBLISH
THIS SECTION

DEC 31 2008

APPLICATION FOR AUTHORITY
TO TRANSACT BUSINESS
IN ARIZONA

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

1. The corporate name must contain 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.

FILE NO. F-14969720

The name of the corporation is: GHD, Inc.

A(n) California Corporation
(State, Province or Country)

☒ 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 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

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 @not applicable@.

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.

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

**DO NOT PUBLISH
THIS SECTION**

5.b. Indicate to which address the Annual Report should be mailed.

6. If the purpose of your corporation has any limitations please indicate. If not, state no limitations or leave blank.

8. The total number of authorized shares cannot be zero or AN/A. Include authorized, not issued shares in this section.

CF:0024
Rev: 10/2006

5.a. The street address of the known place of business of the foreign corporation in Arizona IF DIFFERENT from the street address of the statutory agent is:

5.b. The Annual Report and general correspondence should be mailed to the address specified above in section 4 X or 5a _____.

6. The purpose of the corporation is to engage in any and all lawful business in which corporations may engage in the state, province or country under whose law the foreign corporation is incorporated, with the following limitations if any:

7. The names and business addresses of the current directors and officers of the foreign corporation are: (Attach additional sheets if necessary.)

Name: SEE EXHIBIT A ATTACHED [title]

Address: _____

City, State, Zip _____

Name: _____ [title]

Address: _____

City, State, Zip _____

Name: _____ [title]

Address: _____

City, State, Zip _____

8. The foreign corporation is authorized to issue 100,000 shares, itemized as follows: (Attach additional sheets if necessary.)

100,000 shares of common [class or series] stock at
0 no par value or par value of \$ 0 per share.

_____ shares of _____ [class or series] stock at
_____ no par value or par value of \$ _____ per share.

_____ shares of _____ [class or series] stock at
_____ no par value or par value of \$ _____ per share.

Arizona Corporation Commission
Corporations Division

EXHIBIT A
DIRECTORS AND OFFICERS
OF
GHD INC.

Clive Robert Weeks	Director
Michael John Polin	Director
Desmond Robert Whybird	Director

Donald Graf	President
Jason Gianquinto	Vice President -- Engineering Services
Amy Haugerud	Vice President -- Washington
Wayne Francisco	Vice President -- Charlotte
Richard Holliday	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/Ae.

The Application must be accompanied by the following:
① A Certificate of Disclosure, executed within 30 days of delivery to the Commission, by a duly authorized officer

② A certified copy of your articles of Incorporation, all amendments and mergers (AZ Const. Art. XIV, '8) 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

9. The foreign corporation has issued 100,000 shares, itemized as follows:

100,000 shares of common [class or series] stock at
0 no par value or par value of \$ 0 per share.

 shares of [class or series] stock at
 no par value or par value of \$ per share.

 shares of [class or series] stock at
 no par value or par value of \$ per share.

10. The character of business the foreign corporation initially intends to conduct in Arizona is:

Engineering Services

Dated this 29th day of December, 2008

Executed by 
[Duly Authorized Officer]

Donald Graf

President

[print name]

[title]

PHONE 949-250-0501

FAX 949-250-0541

[optional]

[optional]

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, director, trustee, incorporator and persons controlling or holding over 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation:

1. Been convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven-year period immediately preceding the execution of this Certificate?
2. Been convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses, or restraint of trade or monopoly in any state or federal jurisdiction within the seven-year period immediately preceding the execution of this Certificate?
3. Been or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven-year period immediately preceding the execution of this Certificate wherein such injunction, judgment, decree or permanent order:
 - (a) Involved the violation of fraud or registration provisions of the securities laws of that jurisdiction; or
 - (b) Involved the violation of the consumer fraud laws of that jurisdiction; or
 - (c) Involved the violation of the antitrust or restraint of trade laws of that jurisdiction?

Yes _____ No X

B. IF YES, the following information MUST be attached:

1. Full name, prior name(s) and aliases, if used.
2. Full birth name.
3. Present home address.
4. Prior addresses (for immediate preceding 7-year period).
5. Date and location of birth.
6. 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.

C. Has any person serving as an officer, director, trustee, incorporator or holder of over twenty per cent of the issued and outstanding common shares or twenty per cent of any other proprietary, beneficial or membership interest in the corporation served in any such capacity or held a twenty per cent interest in any other corporation in any jurisdiction on the bankruptcy or receivership of the other corporation?

Yes _____ No X

IF YOUR ANSWER TO THE ABOVE QUESTION IS "YES", YOU MUST ATTACH THE FOLLOWING INFORMATION FOR EACH CORPORATION:

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.
4. Dates of corporate operation.
5. Date and case number of bankruptcy or receivership.

Under penalties of law, the undersigned incorporator(s)/officer(s) declare(s) that I(we) have examined this Certificate, including any attachments, and to the best of my(our) knowledge and belief it is true, correct and complete, and hereby declare as indicated above. THE SIGNATURE(S) MUST BE DATED WITHIN THIRTY (30) DAYS OF THE DELIVERY DATE.

BY Donald Graf BY _____

PRINT NAME DONALD GRAF, PRESIDENT

PRINT NAME _____

TITLE _____ DATE 12/29/08 TITLE _____ DATE _____

DOMESTIC CORPORATIONS: ALL INCORPORATORS MUST SIGN THE INITIAL CERTIFICATE OF DISCLOSURE. If within sixty days, any person becomes an officer, director, trustee or person controlling or holding over 10% of the issued and outstanding shares or 10% of any other proprietary, beneficial, or membership interest in the corporation and the person was not included in this disclosure, the corporation must file an AMENDED certificate signed by at least one duly authorized officer of the corporation.

FOREIGN CORPORATIONS: MUST BE SIGNED BY AT LEAST ONE DULY AUTHORIZED OFFICER OF THE CORPORATION.

CF: 0022 - Business Corporations
Rev: 09/2008

Arizona Corporation Commission
Corporations Division

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

GHD INC.

FILE NUMBER: C2889127
FORMATION DATE: 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

DEBRA BOWEN
Secretary of State

State of California
Secretary of State



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

That the attached transcript of 4 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 19 2008

Debra Bowen

DEBRA BOWEN
Secretary of State



State of California
Kevin Shelley
Secretary of State

File # 200412110142

LIMITED LIABILITY COMPANY
ARTICLES OF ORGANIZATION

A \$70.00 filing fee must accompany this form.

IMPORTANT - Read instructions before completing this form.

FILED
In the office of the Secretary of State
of the State of California

APR 21 2004

Kevin Shelley
KEVIN SHELLEY, SECRETARY OF STATE

This Space For Filing Use Only

1.	NAME OF THE LIMITED LIABILITY COMPANY (END THE NAME WITH THE WORDS "LIMITED LIABILITY COMPANY," "LTD. LIABILITY CO.," OR THE ABBREVIATIONS "LLC" OR "L.L.C.") GHD LLC		
2.	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.		
3.	CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS. <input type="checkbox"/> AN INDIVIDUAL RESIDING IN CALIFORNIA. PROCEED TO ITEM 4. <input checked="" type="checkbox"/> A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO SECTION 1505. PROCEED TO ITEM 5. AGENT'S NAME: <u>GKL CORPORATE/SEARCH, INC.</u>		
4.	ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL: ADDRESS CITY STATE CA ZIP CODE		
5.	THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY: (CHECK ONE) <input type="checkbox"/> ONE MANAGER <input checked="" type="checkbox"/> MORE THAN ONE MANAGER <input type="checkbox"/> ALL LIMITED LIABILITY COMPANY MEMBER(S)		
6.	OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE SET FORTH ON SEPARATE ATTACHED PAGES AND ARE MADE A PART OF THIS CERTIFICATE. OTHER MATTERS MAY INCLUDE THE LATEST DATE ON WHICH THE LIMITED LIABILITY COMPANY IS TO DISSOLVE.		
7.	NUMBER OF PAGES ATTACHED, IF ANY: 0		
8.	TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY. (FOR INFORMATIONAL PURPOSES ONLY) Engineering services		
9.	IT IS HEREBY DECLARED THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED. <u><i>Stephen A. Aron</i></u> April 21, 2004 SIGNATURE OF ORGANIZER DATE 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		

2889127200412110142

FILED

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

JUL 01 2006 ^{ay}

**ARTICLES OF INCORPORATION
WITH STATEMENT OF CONVERSION
OF
GHD INC.**

I.

The name of the corporation is GHD Inc.

II.

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.

III.

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).

V.

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.

VI.

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.

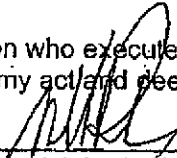


Clive Robert Weeks, Manager of
GHD LLC and Incorporator

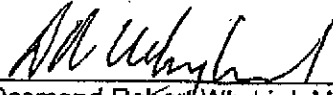


Michael John Polin, Manager of
GHD LLC and Incorporator

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

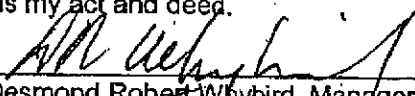


Michael John Polin, Manager of
GHD LLC and Incorporator



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



State of California
Secretary of State



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

That the attached transcript of 5 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 19 2008

Debra 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

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

GHD LLC

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

JUN 14 2004

Kevin Shelley
KEVIN SHELLEY, SECRETARY OF STATE

ll
This Space For Filing Use Only

FILE NUMBER AND STATE OR PLACE OF ORGANIZATION

2. SECRETARY OF STATE FILE NUMBER

200412110142

3. STATE OR PLACE OF ORGANIZATION

California

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 4 and 5 cannot be PO Boxes)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE

CITY AND STATE

ZIP CODE

10 Bond Street

Sydney NSW 2000 Australia

5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)

CITY

STATE

ZIP CODE

c/o Squire, Sanders, 801 S. Figueroa St., 14th Fl.

Los Angeles

CA 90017

AGENT FOR SERVICE OF PROCESS

- If an individual, the agent must reside in California and Item 7 must be completed with a California address.
- If a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 7 must be left blank.

6. NAME OF AGENT FOR SERVICE OF PROCESS

GKL Corporate/Search, Inc.

7. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL

CITY

STATE

ZIP CODE

CA

TYPE OF BUSINESS

8. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

Engineering services

NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER (Attach additional pages if necessary)

9. NAME

ADDRESS

CITY AND STATE

ZIP CODE

Clive Robert Weeks

Level 8, 180 Lonsdale Street

Melbourne VIC 3000 Australia

10. NAME

ADDRESS

CITY AND STATE

ZIP CODE

Michael John Polin

Level 1, 10 Bond Street

Sydney NSW 2000 Australia

11. NAME

ADDRESS

CITY AND STATE

ZIP CODE

Peter Denis Wood

Level 8, 180 Lonsdale Street

Melbourne VIC 3000 Australia

NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY

12. NAME

ADDRESS

CITY AND STATE

ZIP CODE

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

Jim Giannopoulos

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

Jim Giannopoulos
SIGNATURE

USA Operations Manager 6/14/2004

TITLE

DATE

DUE DATE:

LLC-12 (REV 01/2004)

APPROVED BY SECRETARY OF STATE



State of California Secretary of State

75

STATEMENT OF INFORMATION (Limited Liability Company)

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

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

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

GHD LLC

FILED
In the office of the Secretary of State
of the State of California

JUL 17 2006

ZSV5REF
This Space For Filing Use Only

DUE DATE:

FILE NUMBER AND STATE OR PLACE OF ORGANIZATION

2. SECRETARY OF STATE FILE NUMBER

200412110142

3. STATE OR PLACE OF ORGANIZATION

California

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE

CITY AND STATE

ZIP CODE

10 Bond Street

Sydney NSW 2000 Australia

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 OFFICER, 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 MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER (Attach additional pages, if necessary.)

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 agent must reside in California and Item 11 must be completed with a California address. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 11 must be left blank.)

10. NAME OF AGENT FOR SERVICE OF PROCESS

Jim Giannopoulos

11. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL

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

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

Jim Giannopoulos

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM



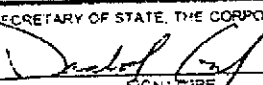
SIGNATURE

US OPERATIONS MANAGER June 28, 2006

TITLE

DATE

06-722541

 <div style="display: inline-block; text-align: center;"> State of California Secretary of State STATEMENT OF INFORMATION (Domestic Stock Corporation) </div> 			
FEES (Filing and Disclosure): \$25.00. If amendment, see instructions. IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM			
1. CORPORATE NAME (Please do not alter if name is preprinted) GHD INC.			
FILED In the office of the Secretary of State of the State of California OCT 23 2006			
This Space For Filing Use Only			
DUE DATE: CALIFORNIA CORPORATE DISCLOSURE ACT (Corporations Code section 1502.1) A publicly traded corporation must file with the Secretary of State a Corporate Disclosure Statement (Form Si-PT) annually, within 150 days after the end of its fiscal year. Please see reverse for additional information regarding publicly traded corporations.			
NO CHANGE STATEMENT 2. <input type="checkbox"/> If there has been no change in any of the information contained in the last Statement of Information filed with the Secretary of State, check the box and proceed to Item 15. If there have been any changes to the information contained in the last Statement of Information filed with the Secretary of State, or no statement has been previously filed, this form must be completed in its entirety.			
COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 3 and 4 cannot be P.O. Boxes.)			
3. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY AND STATE	ZIP CODE	
18201 Von Karman Avenue	Irvine, California	92612	
4. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	
18201 Von Karman Avenue	Irvine	CA	
NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS (The corporation must have these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)			
5. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY AND STATE	ZIP CODE
Donald Grai	18201 Von Karman Avenue, Suite 650	Irvine, California	92612
6. SECRETARY/	ADDRESS	CITY AND STATE	ZIP CODE
Richard Holliday	18201 Von Karman Avenue, Suite 650	Irvine, California	92612
CHIEF FINANCIAL OFFICER/	ADDRESS	CITY AND STATE	ZIP CODE
Richard Holliday	18201 Von Karman Avenue, Suite 650	Irvine, California	92612
NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS (The corporation must have at least one director. Attach additional pages, if necessary.)			
7. NAME	ADDRESS	CITY AND STATE	ZIP CODE
Clive Robert Weeks	18201 Von Karman Avenue, Suite 650	Irvine, California	92612
8. NAME	ADDRESS	CITY AND STATE	ZIP CODE
Michael John Polin	18201 Von Karman Avenue, Suite 650	Irvine, California	92612
9. NAME	ADDRESS	CITY AND STATE	ZIP CODE
Desmond Robert Whybird	18201 Von Karman Avenue, Suite 650	Irvine, California	92612
11. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:			
AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 13 must be left blank.)			
12. NAME OF AGENT FOR SERVICE OF PROCESS Donald Grai			
13. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL		CITY	STATE
18201 Von Karman Avenue, Suite 650		Irvine, California	CA
TYPE OF BUSINESS 14. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION Engineering services			
15. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT. <div style="display: flex; justify-content: space-between;"> <div> Donald Grai TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM </div> <div>  SIGNATURE </div> <div> President TITLE </div> <div> 10/2/2006 DATE </div> </div>			
SH-200-ND (REV. 06/2005)		APPROVED BY SECRETARY OF STATE	



State of California
Secretary of State

S

07-261484

STATEMENT OF INFORMATION
(Domestic Stock Corporation)

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

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME (Please do not alter if name is preprinted)

C2889127
GHD INC
18201 VON KARMAN AVE
IRVINE CA 92612

FILED
In the office of the Secretary of State
of the State of California

MAY 25 2007

This Space For Filing Use Only

DUE DATE: 07-31-07

CALIFORNIA CORPORATE DISCLOSURE ACT (Corporations Code section 1502.1)

A publicly traded corporation must file with the Secretary of State a Corporate Disclosure Statement (Form SI-PT) annually, within 150 days after the end of its fiscal year. Please see reverse for additional information regarding publicly traded corporations.

NO CHANGE STATEMENT

2. ☒ If there has been no change in any of the information contained in the last Statement of Information filed with the Secretary of State, check the box and proceed to Item 15.
If there have been any changes to the information contained in the last Statement of Information filed with the Secretary of State, or no statement has been previously filed, this form must be completed in its entirety.

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 3 and 4 cannot be P.O. Boxes.)

3. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE CITY AND STATE ZIP CODE
4. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE
CA

NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS (The corporation must have these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

5. CHIEF EXECUTIVE OFFICER/ ADDRESS CITY AND STATE ZIP CODE
6. SECRETARY/ ADDRESS CITY AND STATE ZIP CODE
7. CHIEF FINANCIAL OFFICER/ ADDRESS CITY AND STATE ZIP CODE

NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS (The corporation must have at least one director. Attach additional pages, if necessary.)

8. NAME ADDRESS CITY AND STATE ZIP CODE
9. NAME ADDRESS CITY AND STATE ZIP CODE
10. NAME ADDRESS CITY AND STATE ZIP CODE

11. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY.

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 13 must be left blank.)

12. NAME OF AGENT FOR SERVICE OF PROCESS
13. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE
CA

TYPE OF BUSINESS

14. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

15. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT

DONALD F. GRAY TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM
SIGNATURE TITLE DATE
APPROVED BY SECRETARY OF STATE

08-430850

State of California Secretary of State



STATEMENT OF INFORMATION

(Domestic Stock and Agricultural Cooperative Corporations)

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

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

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

OCT 16 2008

This Space For Filing Use Only

1. CORPORATE NAME (Please do not alter if name is preprinted.)

C2889127
GHD Inc.
16451 Scientific Way
Irvine, California 92618

S

DUE DATE:

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 2 and 3 cannot be P.O. Boxes.)

2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE	ZIP CODE
16451 Scientific Way	Irvine	CA	92618
3. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
16451 Scientific Way	Irvine	CA	92618
4. MAILING ADDRESS OF THE CORPORATION, IF DIFFERENT THAN ITEM 2	CITY	STATE	ZIP CODE

NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS (The corporation must have these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

5. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
Donald Graf	16451 Scientific Way	Irvine	CA	92618
6. SECRETARY/	ADDRESS	CITY	STATE	ZIP CODE
Richard Holliday	16451 Scientific Way	Irvine	CA	92618
7. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
Richard Holliday	16451 Scientific Way	Irvine	CA	92618

NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS (The corporation must have at least one director. Attach additional pages, if necessary.)

8. NAME	ADDRESS	CITY	STATE	ZIP CODE
Clive Robert Weeks	16451 Scientific Way	Irvine	CA	92618
9. NAME	ADDRESS	CITY	STATE	ZIP CODE
Michael John Polin	16451 Scientific Way	Irvine	CA	92618
10. NAME	ADDRESS	CITY	STATE	ZIP CODE
Desmond Robert Whybird	16451 Scientific Way	Irvine	CA	92618

11. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California street address (a P.O. Box address is not acceptable). If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 13 must be left blank.)

12. NAME OF AGENT FOR SERVICE OF PROCESS

Donald Graf

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
16451 Scientific Way	Irvine	CA	92618

TYPE OF BUSINESS

14. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

Engineering services

15. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

DATE Donald Graf
TYPE/PRINT NAME OF PERSON COMPLETING FORM

PRESIDENT
TITLE

SIGNATURE