AZ CORPORATION COMMISSION FILED

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JUN 0 3 2013



APR 2 5 2013

FILE NO. F. 1791768-7

FILE NC.

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACCUSE ONLY.

APPLICATION FOR NEW AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN ARIZONA

Read the Instructions C019i

| A.C | the A.C.C. file number on the upper corner of filed documents OR on our website at: http://www.azcc.gov/Divisions/Corporations | | | | | | |
|-----|---|--|--|--|--|--|--|
| 1. | ENTITY TYPE - check only one to indicate the type of entity applying for authority: | | | | | | |
| - | ■ FOR-PROFIT CORPORATION | | | | | | |
| 2. | . NAME IN STATE OR COUNTRY OF INCORPORATION (FOREIGN NAME) — enter the exact, true name of the foreign corporation: | | | | | | |
| | BILFINGER INDUSTRIAL SERVICES INC. | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 3. | NAME TO BE USED IN ARIZONA (ENTITY NAME) - <u>see Instructions CO191</u> - identify the name the foreign corporation will use in Arizona by checking 3.1, 3.2, or 3.3 (check only one), and follow instructions | | | | | | |
| ļ | Name in state or country of incorporation, with no changes - Go to number 4. Name in state or country of incorporation, with a corporate identifier added to it - Enter the name in number 3.4 below. Name in state or country of incorporation's name (check this only if the foreign corporation's name in its state or country of incorporation is not available for use in Arizona) - Enter the name in number 3.4 below. | | | | | | |
| 3.4 | If you checked 3.2 or 3.3, enter or print the name to be used in Arizona: | | | | | | |
| | | | | | | | |
| 4. | FOREIGN DOMICILE - list the state or country in which the foreign corporation is incorporated: DELAWARE DATE OF INCORPORATION IN FOREIGN DOMICILE: 2/4/08 | | | | | | |
| 5. | DATE OF INCORPORATION IN POREIGN DOMICILE: 57.17.99 | | | | | | |
| 6. | DURATION – the duration or life period of the foreign corporation is presumed to be perpetual unless one of the boxes is checked below and the blanks are filled in: | | | | | | |
| | The corporation's life period will end after the expiration of years (enter a number of years). | | | | | | |
| | The corporation's life period will end on this date (enter a date). | | | | | | |
| | The corporation's life period will end upon the occurrence of this event: | | | | | | |
| | (describe an event). | | | | | | |

| 7. | may engage in the state or o | country (| inder whose | e law the | ge in any or all lawful business or foreign corporation is incorporate tions on the corporation's purpos | ed, subject t | hich corporations to the following | |
|--------|--|---|---|--------------------------|---|----------------------|---------------------------------------|--|
| 8. | intends to conduct in Arizon conducts is not limited by the | a. NOTE ne descrip | that the cl ption provid | naracter o led. | cter of business or affairs the for f business or affairs that the fore | ign corporal | tion ultimately | |
| | Construction, | Const | ruction | Manag | ement, Engineering, A | Architect | ture | |
| | PRINCIPAL OFFICE ADDRES DOMICILE STREET ADDRES give the physical or street of the foreign corporation rec its state or country of incorpor required, of the foreign corpor | SS — <u>sec</u> it addre : quired to oration, or oration's | : Instruction ss (not a P. be maintain or, if not so | O. Box) ned in | 10. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS: Is the Arizona known place of business street address the same as the street address of the statutory agent? Yes - go to number 11 and continue. No - provide the Arizona physical or street | | | |
| | its state or country of incorporation: | | | | address (not a | P.O. Box) | below: | |
| | CORPORATION SER | VICE | COMPA | NY | | | | |
| | ion (optional) 11 CENTERVILLE RO se i | DAD, S | SUITE 4 | 00 | Attention (optional) Address 1 | | | |
| | ss 2 (optional) | DE | 19808 | · · · · · · | Address 2 (options!) | | | |
| City | WILMINGTON | State | 2ip | | City | State | Zip | |
| | 11.1 REQUIRED - give the individual or an entite address (not a P.O. statutory agent: | e name ty) and / | (can be an | r street | 11.2 OPTIONAL - mail of statutory agen | | | |
| Statul | CORPORATION SER | RVICE | COMPA | NY | | | | |
| 23 | tion (optional) 38 W. ROYAL PALM | ROAL |), SUITI | E J | Attention (optional) | | | |
| Addre | iss 1 | | | | Address & | | | |
| | es 2 (aptional) PHOENIX | | 85021 | | Address 2 (optional) City | State | Zip | |
| City | | State tatutory | 21p Agent Accer | otance for | m M002 must be submitted along | | <u> </u> | |
| | 4 | | | | | | | |
| 12. | DIRECTORS - list the name needed, check this box a | e and bu | siness add | dress of c tach the [| each and every Director of the co Director Attachment form C082. | rporation. 1 | f more space is | |
| · | DAVD G | HILE | | | JEFFREY | L. KOO | P | |
| 159 | 33 CLAYTON ROAD, S | UITE : | 305 | | 15933 CLAYTON ROAD, SUITE 305 | | | |
| Addre | | | | | | | | |
| į. | ss 2 (aptional) LWIN | | | 011 | Address 2 (optional) BALLWIN | MC | | |
| City | UNITED STATES | State o | | | Country UNITED STATES | State or Province | Zip. | |
| | ziting office (outlonal); | | | | Oate taking office (optional): | | | |

| | | · · · · · · · · · · · · · · · · · · · | | | | | | |
|------------------------|--------------------------|---------------------------------------|----------------|--|---------------------------|----------------------|---------------|--|
| § [i. | | | | | | | | |
| Director N | lame | | | Director | Name | | <u> </u> | |
| Address 1 | | <u></u> | <u> </u> | | | | | |
| Adviress 1 | | | | Address | | | | |
| Address 2 | (optional) | T | 7 | Address | ? (optional) | | | |
| | | | | | | | | |
| Country | | ". State or Province | Zip | СТУ | | State or Province | Zip | |
| | g office (aptional): | | · · · · · | Country | | | | |
| Date take | g unce (apouts). | | | Uate tak | ng office (optional): | | | |
| | | | | | | | | |
| Director N | erne | | | Director (| Oirector Name | | | |
| Address 1 | | | | Address : | | | | |
| | | | | 1 | | | | |
| Address 2 | (optional) | | | Address : | (optional) | | | |
| City | | State or | Zip | City | | State or | Zip | |
| Country | <u> </u> | : Province | | Country | | Province | Σŧβ | |
| Date taking | g office (optional): | | | Date take | ng office (optional): | | | |
| 13. OF | FICERS - list the name a | ind business | address of a | il principal | Officers of the corporati | on. If more spa | ice | |
| is | needed, check this box | and complet | e and attach t | he <u>Officer</u> | Attachment form C085. | | | |
| | DAVID G. | HILE | | | JEFFREY | L. KOOP | | |
| Officer Nam 15033 | CLAYTON ROAD, | CHITE 2 | n E | Officer Name 15933 CLAYTON ROAD, SUITE 305 | | | | |
| Address 1 | CENTION NOAD, | 30112 3 | | Address 1 | 3 CLATTON ROA | D, SUITE. | 305 | |
| | | | | | | | | |
| Address 2 (BALLW | | MO | 63011 | Address 2 | (optional) A/TNI | MO | 63011 | |
| City | | State or | 20 | Oty | | State or | Zio | |
| Country | UNITED STATES | Province | | Country | UNITED STATES | Province | | |
| made taking | affice (optional): | President/CFO | | Date takin | g office (optional): | Officer Title: | | |
| _ | | <u>IIPresinel</u> | NT/(.F() | ┼── | | VicePre | sident | |
| · | · | · · - • · | | | | | | |
| Officer Nam | ne | | | Officer Na | me | | | |
| Address 1 | <u> </u> | | | Address 1 | | | | |
| | | | | | | | | |
| Address 2 (| opoenal) | - | 1 | Address 2 | (aptional) | | | |
| City | LIMITED STATES | State or | Zip | City | | State or | Zip | |
| Country Date taking | UNITED STATES | Province | ··· | Country | | Province | | |
| nert rikuli | one (chamil) | Officer Title: | · | Detty takin | g office (optional) | Officer Title: | | |
| • | | II | | | | | | |
| Officer Ham | | | | | | | | |
| THE PERSON | | | | Officer Nar | 179 | | | |
| Address 1 | · · - | | | Address 1 | | | | |
| Address 2 (c | ontional | | | 144 | (| | | |
| | abranigh) | | | Address 2 | (obootsi) | |] | |
| City | | State or Province | Zip | City | | State or | Zip | |
| Country Date taking | office (optional): | Officer Title; | | Country | | Province | | |
| | Actions (relational): | CAURTA HIDE! | ··- | United California | office (optional): | Officer Title: | - | |

| Shares Authorized Attachment form | | | mation must match the original Articles |
|--|---|--|--|
| | | is needed, check this | box and complete and attach the |
| COMMON Class: | _ Series: | Total: 1,000 | Per Value: NPV |
| Class: | Series: | Total: | Par Value: |
| FOR-PROFITS ONLY – SHARES I total number and par value of shar the number zero. If more space is C097. | es of that class that have | been ISSUED. If no s | ss/series of authorized shares and give thares of that class have been issued, p ttach the <u>Shares Issued Attachment</u> for |
| Class: COMMON | Series: | Total: 1,000 | Par Value: NPV |
| Class: | Series: | Total: | Par Value: |
| 16. NONPROFITS ONLY - MEMBERS Does the foreign nonprofit of | • | _ | ☐ No |
| 17. PROFESSIONAL CORPORATION: number 1, briefly describe the type law firm): | S ONLY - PROFESSION. e of professional services | AL SERVICES - if "pr the corporation will re | rofessional corporation" is checked in nder (examples: accounting, medical, |
| 18. PROFESSIONAL CORPORATIONS | ONLY - PROFESSIONA | AL LICENSE: | |
| that at least one-half of its sha | reholders who are entitled are licensed in one or mo | i to vote for the elections is to vote for the control of the cont | tion certifies under penalty of perjury on of directors, and at least one-half of professional service described in the |
| showing the | it at least one of the pr | ofessional corporati | ity in Arizona for the profession on's shareholders or employees is . (See A.R.S. § 10–2245.) |
| SIGNATURE: By checking the bo document togethe | ox marked "I accept" belo r with any attachments is | w, I acknowledge <i>und</i> submitted in complian | er penalty of perjury that this nce with Arizona law. |
| | ✓ I AC | CEPT | |
| | | | 04/11 |
| 74.26 | JEFFI | REY L. KOOP | · · · · · · · · · · · · · · · · · · · |
| Signature J. M. J. M. J. Require Processing Signature Processing Signatu | JEFFI Printed N | <u> </u> | Oate |
| Signature REQUIRED - check only one: I am the Chairman of the Boar of Directors of the corporation filing this document. | Printed No | <u> </u> | |

All fees are nonrefundable - see Instructions. Fax: Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.

All documents filed with the Artsona Corporation Commission are public record and are open for public inspection.

If you have questions after reading the Instructions, please call 602-542-3026 or (within Artsona only) 800-345-5819.

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "BIS INDUSTRIAL
SERVICES, INC.", CHANGING ITS NAME FROM "BIS INDUSTRIAL
SERVICES, INC." TO "BILFINGER INDUSTRIAL SERVICES INC.", FILED
IN THIS OFFICE ON THE SEVENTH DAY OF MARCH, A.D. 2013, AT 2:14
O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.

4500300 8100

130287655

DATE: 03-07-13

AUTHENTICATION: 0266268

You may verify this certificate online at corp. delaware.gov/authver.shtml

State of Delaware Secretary of State Division of Corporations Delivered 02:23 PM 03/07/2013 FILED 02:14 PM 03/07/2013 SRV 130287635 - 4500300 FILE

CERTIFICATE OF AMENDMENT OF CERTIFICATE OF INCORPORATION

OF

BIS INDUSTRIAL SERVICES, INC.

It is hereby certified that:

- 1. The name of the corporation (hereinafter called the "corporation") is BIS Industrial Services, Inc.
- 2. The certificate of incorporation of the corporation is hereby amended by striking out Article One thereof and by substituting in lieu of said Article the following new Article:

"The name of the corporation is Bilfinger Industrial Services Inc."

- 3. The amendment of the certificate of incorporation herein certified has been duly adopted and written consent has been given in accordance with the provisions of Sections 228 and 242 of the General Corporation Law of the State of Delaware.
- 4. The effective time of the amendment herein certified shall be upon filing. Signed on March 1, 2013.

BIS INDUSTRIAL SERVICES, INC.

Name: <u>David Hile</u>
Title: <u>President</u>

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HERBY CERTIFY THAT THE SAID "BIS INDUSTRIAL SERVICES, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "BILFINGER INDUSTRIAL SERVICES INC.", THE SEVENTH DAY OF MARCH, A.D. 2013, AT 2:14 O'CLOCK P.M.

4500300 8320

130402392

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 0340948

DATE: 04-08-13

You may verify this certificate online at corp.delaware.gov/authver.ahtml

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BILFINGER INDUSTRIAL SERVICES INC."

IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2013.

4500300 8300

130387092

Jeffrey W. Bullock, Secretary of State
UTHENTYCATION: 0331258

DATE: 04-03-13

You may verify this certificate online at corp. delever.gov/authver.shtml