

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME

**CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
MACTEC, Inc.		07/05/2011	CORPORATION: COLORADO

**RECEIVING PARTY DATA**

<b>Name:</b>	AMEC E&I Holdings, Inc.
<b>Street Address:</b>	1105 Lakewood Parkway
<b>Internal Address:</b>	Suite 300
<b>City:</b>	Alpharetta
<b>State/Country:</b>	GEORGIA
<b>Postal Code:</b>	30009
<b>Entity Type:</b>	CORPORATION: COLORADO

**PROPERTY NUMBERS Total: 9**

Property Type	Number	Word Mark
Registration Number:	2270421	MACTEC
Registration Number:	2273777	MACTEC
Registration Number:	3260123	MACTEC
Registration Number:	3306577	MACTEC
Registration Number:	3306578	MACTEC
Registration Number:	3385360	ENGINEERING AND CONSTRUCTING A BETTER TOMORROW
Registration Number:	3391792	
Registration Number:	3422849	MACTEC
Serial Number:	85056308	IFRASTRUCTURE

**CORRESPONDENCE DATA**

Fax Number: (404)527-3662  
*Correspondence will be sent via US Mail when the fax attempt is unsuccessful.*  
 Email: mlaip@mckennalong.com

**900199221**

**TRADEMARK  
 REEL: 004600 FRAME: 0743**

**CH \$240.00 2270421**

Correspondent Name: Alison E. Musto  
Address Line 1: 303 Peachtree St. NE  
Address Line 2: Suite 5300  
Address Line 4: Atlanta, GEORGIA 30308

ATTORNEY DOCKET NUMBER:	01415.0090
NAME OF SUBMITTER:	Alison E. Musto
Signature:	/Alison E. Musto/
Date:	08/09/2011

Total Attachments: 2  
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source=MACTEC Inc name change#page2.tif



Colorado Secretary of State  
 Date and Time: 06/23/2011 09:08 AM  
 ID Number: 19941124587

Document must be filed electronically.  
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Document number: 20111356760  
 Amount Paid: \$25.00

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**Articles of Amendment**

filed pursuant to §7-90-301, et seq. and §7-110-106 of the Colorado Revised Statutes (C.R.S.)

ID number: 19941124587

1. Entity name: MACTEC, INC.  
*(If changing the name of the corporation, indicate name BEFORE the name change)*

2. New Entity name:  
 (if applicable) AMEC E&I Holdings, Inc.

3. Use of Restricted Words *(if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):*

"bank" or "trust" or any derivative thereof  
 "credit union"       "savings and loan"  
 "insurance", "casualty", "mutual", or "surety"

4. Other amendments, if any, are attached.

5. If the amendment provides for an exchange, reclassification or cancellation of issued shares, the attachment states the provisions for implementing the amendment.

6. If the corporation's period of duration as amended is less than perpetual, state the date on which the period of duration expires:  
 \_\_\_\_\_  
*(mm/dd/yyyy)*

**OR**

If the corporation's period of duration as amended is perpetual, mark this box:

7. (Optional) Delayed effective date: 07/05/2011  
*(mm/dd/yyyy)*

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

8. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

Gerrish Gregory R.  
*(Last) (First) (Middle) (Suffix)*

2020 Winston Park Drive, Suite 700  
*(Street name and number or Post Office information)*

Oakville ON L6H 6X7  
*(City) (State) (Postal/Zip Code)*  
Ontario Canada  
*(Province – if applicable) (Country – if not US)*

*(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box  and include an attachment stating the name and address of such individuals.)*

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