CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

							1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.					OFFICE USE ONLY CERTIFICATION OF FILING		
1	me of business entity filing form, and the city, state and country of the business entity's place				Certificate Number:			
	f business. Atkins North America, Inc.				2018-420449			
	ampa, FL United States					Date Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is				10/30/2018			
	being filed. City of Round Rock				Date Acknowledged:			
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a lescription of the services, goods, or other property to be provided under the contract.							
	E Bagdad Ave Extension Project Supplemental #7; Stone St Extension, Alley Improvements and Phase 2 Construction Phase Services							
4		City, State, Country (place of busine			Nature of interest			
	Name of Interested Party				ess)	(check ap	pplicable) Intermediary	
The Atkins North America Holdings Corporation		Tampa, FL United States				X	intermediary	
Nash, George		Edison, NJ United States				X		
Edgar IV, C. Ernest		Tampa, FL United States				Х		
Newton, Michael M.		Tampa, FL United States				X		
Steele Jr., James R.		Tampa, FL United States				X		
Quinn Sr., David D.		Boston, MA United States				X		
Burns Jr., Kenneth J.		Denver, CO United States				X		
						·		
5 Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION							
	My name is Donya M. Becton, Assistant Secretary	, and my date of birt			oirth is	th isMay 16th, 1978		
	My address is 800 Waterford Way, Suite 700	,	Miami	, <u>F</u>	<u>L</u> ,_	33126 (zip code)	, <u>U.S.</u>	
	(street)		(city)	(sta	ate)	(zip code)	(country)	
I declare under penalty of perjury that the foregoing is true and correct.								
	Executed in County	/, State of	Florida	, on the _	30th_d	lay of October (month)	, 20 <u>18</u> (year)	
		Signatura	of authori	zed agent of cont	ractin			
	Signature of authorized agent of contracting business entity (Declarant)							