



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
Beneficial Interest and Disclosure of Ownership Affidavit

Bid No. _____ Project No./ Title Debris Monitoring Services for Disaster Recovery Assistance

Corporate Name Atkins North America, Inc.

Tax FEIN No. 59-0896138

Before me, the undersigned authority, personally appeared, Bertram F. Shipman, ("Corporate Representative") this 12th day of March, 20 13, who, first being duly sworn, as required by law, subject to the penalties prescribed for perjury, deposes and says:

- 1) Corporate Representative has read the contents of this Affidavit, has actual knowledge of the facts contained herein, and states that the facts contained herein are true, correct, and complete.
- 2) The following is a list of every "person" (as defined in Section 1.01(3), Florida Statutes to include individuals, children firms, associates, joint adventures, partnerships, estates, trusts, business trusts, syndicates, fiduciaries, corporations and all other groups and combinations) holding 5% or more of the beneficial interest in the disclosing entity: (If more space is needed, attach separate sheet)

A. Persons or corporate entities owning 5% or more:

Name	Address	Percentage
<u>Atkins North America Holding Corporation*</u>	<u>4030 West Boy Scout Boulevard Tampa, FL 33607</u>	<u>100% of Atkins North America, Inc.</u>

B. Persons or corporate entities who hold by proxy the voting power of 5% or more:

Name	Address	Percentage
<u>*Atkins North America, Inc. is a wholly-owned subsidiary of Atkins North America Holding Corporation. No shareholder of Atkins North America, Inc. owns 5% or more of the outstanding shares.</u>		

C. Stock held for others and for whom held:

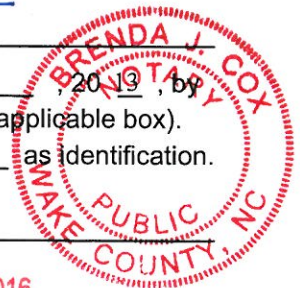
1. Name / 2. From Whom Held	Address	Percentage
1. <u>None</u>		
2. _____		
1. _____		
2. _____		
1. _____		
2. _____		

CORPORATE REPRESENTATIVE

By: Bertram F. Shipman

SWORN TO and subscribed before me this 12th day of March, 20 13, by Bertram F. Shipman, Senior Program Manager Such person(s) (Notary Public must check applicable box).
 is/are personally known to me. produced a current driver license(s). produced _____ as identification.
 (NOTARY PUBLIC SEAL)

Brenda J. Cox
 Notary Public



My Commission Expires 9-5-2016.

(Print, Type or Stamp Name of Notary Public)