

IN WITNESS WHEREOF, the parties put their hands to this Amendment on the dates indicated below.

FORT BEND COUNTY

HUITT-ZOLLARS, INC.

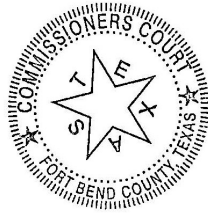
KP George
KP George, County Judge

Katherine A. Mears
Katherine Mears

July 8, 2025
Date

Managing Principal, Vice President
Title

ATTEST:



6/24/2025
Date

Laura Richard
Laura Richard, County Clerk

AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$ 419,622.23 to accomplish and pay the obligation of Fort Bend County under this contract.

Robert E. Sturdivant
Robert E. Sturdivant, County Auditor

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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**

Certificate Number:
2025-1329046

Date Filed:
06/25/2025

Date Acknowledged:
07/08/2025

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Huitt-Zollars, Inc.
Dallas, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Fort Bend County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

RFQ19-020 Westpark Park & Ride
Huitt-Zollars, Inc. 20-PT-100020-A5

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Huitt, Larry	Dallas, TX United States	X	
	McDermott , Robert	Dallas, TX United States	X	
	Wall, Cliff	Dallas, TX United States	X	
	Twomey, James	Dallas, TX United States	X	
	Sosebee, John Anthony	Dallas, TX United States	X	
	Kemper, Kim	Dallas, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)