

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 828149

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: AECOM SERVICES, INC.

## Current Principal Place of Business:

515 SOUTH FLOWER STREET  
4TH FLOOR  
LOS ANGELES, CA 90071

## New Principal Place of Business:

## Current Mailing Address:

515 SOUTH FLOWER STREET  
4TH FLOOR  
LOS ANGELES, CA 90071

## New Mailing Address:

FEI Number: 95-2084998      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LANDY, RAYMOND  
Address: 515 SOUTH FLOWER STREET  
City-St-Zip: LOS ANGELES, CA 90071

Title: SVP ( ) Delete  
Name: MILLER, ROBYN  
Address: 515 SOUTH FLOWER STREET  
City-St-Zip: LOS ANGELES, CA 90071

Title: TVP ( ) Delete  
Name: DESLATTÉ, DENNIS  
Address: 999 TOWN & COUNTRY RD.  
City-St-Zip: ORANGE, CA 92868

Title: VP ( ) Delete  
Name: CRUZ, JESUS  
Address: 800 DOUGLAS ENTRANCE, 2ND FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

Title: PRIN ( ) Delete  
Name: NEWBERRY, DEAN  
Address: 800 DOUGLAS ENTRANCE  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Delete  
Name: HUNT, WILLIAM R  
Address: 800 DOUGLAS ENTRANCE  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO (X) Change ( ) Addition  
Name: WAYMIRE, DANA  
Address: 150 CHESTNUT STREET  
City-St-Zip: SAN FRANCISCO, CA 94111

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBYN MILLER

SVP

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date