

2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
May 18, 2010
Secretary of State**

DOCUMENT# 828149

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 ()

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

OFFICERS AND DIRECTORS:

Title: PCEO
Name: KONVICKA, ALBERT J
Address: 1200 SUMMIT AVE, SUITE 320
City-St-Zip: FORT WORTH, TX 76102

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

Title: CFO
Name: DESLATTI, DENNIS
Address: 999 TOWN & COUNTRY ROAD
City-St-Zip: ORANGE, CA 92868

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

Title: AVP
Name: BONILLA, JOSE EMILIO
Address: 800 DOUGLAS ENTRANCE
City-St-Zip: CORAL GABLES, FL 33134

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

I hereby 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 all other like empowered.

SIGNATURE: ROBYN MILLER

SVP

05/18/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date