

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 828149

**Entity Name:** AECOM SERVICES, INC.

**Current Principal Place of Business:**

515 S. FLOWER STREET  
10TH FLOOR  
LOS ANGELES, CA 90071

**FILED**  
**Apr 30, 2013**  
**Secretary of State**  
**CC0124856549**

**Current Mailing Address:**

515 S. FLOWER STREET  
10TH FLOOR  
LOS ANGELES, CA 90071 US

**FEI Number: 95-2084998**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title            PRESIDENT, CEO  
Name            CASTRO, RANDY  
Address        1360 PEACHTREE STREET  
City-State-Zip: ATLANTA GA 30309

Title            TREASURER, CFO  
Name            DESLATTE, DENNIS  
Address        999 TOWN AND COUNTRY ROAD  
City-State-Zip: ORANGE CA 92868

Title            SENIOR VP, SECRETARY  
Name            MILLER, ROBYN  
Address        515 S. FLOWER STREET 10TH FLOOR  
City-State-Zip: LOS ANGELES CA 90071

Title            PRINCIPAL  
Name            KERWIN, MICHAEL  
Address        800 DOUGLAS ENTRANCE 2ND  
                    FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title            VP  
Name            HUNT, WILLIAM R  
Address        800 DOUGLAS ENTRANCE 2ND  
                    FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title            AVP  
Name            BONILLA, EMILIO  
Address        800 DOUGLAS ENTRANCE 2ND  
                    FLOOR  
City-State-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**

**SENIOR VP, SECRETARY    04/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date