

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000002999

**FILED**  
**Mar 26, 2022**  
**Secretary of State**  
**3153242135CC**

**Entity Name:** AECOM NATIONAL SECURITY PROGRAMS, INC.

**Current Principal Place of Business:**

20501 SENECA MEADOWS PARKWAY, SUITE 300  
GERMANTOWN, MD 20876

**Current Mailing Address:**

20501 SENECA MEADOWS PARKWAY, SUITE300  
GERMANTOWN, MD 20876 US

**FEI Number:** 54-1365583

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH 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 VP  
Name ESPOSITO, MARK  
Address 20501 SENECA MEADOWS PARKWAY,  
SUITE 300  
City-State-Zip: GERMANTOWN MD 20876

Title VP, SECRETARY, DIRECTOR  
Name YOUNG, STUART  
Address 20501 SENECA MEADOWS PARKWAY,  
SUITE 300  
City-State-Zip: GERMANTOWN MD 20876

Title PRESIDENT, DIRECTOR  
Name BRUNING, JILL  
Address 20501 SENECA MEADOWS PARKWAY,  
SUITE 300  
City-State-Zip: GERMANTOWN MD 20876

Title DIRECTOR  
Name VOLLMER, JOHN C.  
Address 20501 SENECA MEADOWS PARKWAY,  
SUITE 300  
City-State-Zip: GERMANTOWN MD 20876

Title DIRECTOR  
Name MATHIS, CHARLES  
Address 20501 SENECA MEADOWS PARKWAY,  
SUITE 300  
City-State-Zip: GERMANTOWN MD 20876

*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:** JOHN C. VOLLMER

**DIRECTOR**

**03/26/2022**

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

\_\_\_\_\_  
Date