

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000002999

**FILED**  
**Apr 24, 2015**  
**Secretary of State**  
**CC5192917443**

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

**Current Principal Place of Business:**

6564 LOISDALE COURT, SUITE 500  
SPRINGFIELD, VA 22150

**Current Mailing Address:**

6564 LOISDALE COURT, SUITE 500  
SPRINGFIELD, VA 22150 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            PRESIDENT, DIRECTOR  
Name            BAUER, CHRISTOPHER W.  
Address        6564 LOISDALE COURT, SUITE 500  
City-State-Zip: SPRINGFIELD VA 22150

Title            SECRETARY  
Name            RALEY, TERENCE  
Address        6564 LOISDALE COURT, SUITE 500  
City-State-Zip: SPRINGFIELD VA 22150

Title            TREASURER, DIRECTOR  
Name            PILON, MICHAEL C.  
Address        6564 LOISDALE COURT, SUITE 500  
City-State-Zip: SPRINGFIELD VA 22150

Title            CHAIRMAN, DIRECTOR  
Name            DONNELLY, MICHAEL J.  
Address        1200 SUMMIT AVENUE  
                 SUITE 320  
City-State-Zip: FORT WORTH TX 76102

Title            DIRECTOR  
Name            PARSONS, JEFFREY P.  
Address        1200 SUMMIT AVENUE, SUITE 320  
City-State-Zip: FORT WORTH TX 76102

Title            DIRECTOR  
Name            HOUCK, JOHN W.  
Address        6564 LOISDALE COURT, SUITE 500  
City-State-Zip: SPRINGFIELD VA 22150

*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:** TERENCE RALEY

**SECRETARY**

**04/24/2015**

Electronic Signature of Signing Officer/Director Detail

Date