

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000002999

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

**FILED**  
**Apr 13, 2017**  
**Secretary of State**  
**CC7220879001**

**Current Principal Place of Business:**

20501 SENECA MEADOWS PARKWAY  
SUITE 300  
GERMANTOWN, MD 20876

**Current Mailing Address:**

20501 SENECA MEADOWS PARKWAY  
SUITE 300  
GERMANTOWN, MD 20876 US

**FEI Number: NOT APPLICABLE**

**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           TREASURER  
Name           PHEENY, PAUL  
Address        20501 SENECA MEADOWS PARKWAY  
                  SUITE 300  
City-State-Zip: GERMANTOWN MD 20876

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

Title           DIRECTOR  
Name           BRUNING, JILL LESLIE  
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           SECRETARY  
Name           RALEY, TERENCE C.  
Address        6564 LOISDALE COURT  
                  SUITE 500  
City-State-Zip: SPRINGFIELD VA 22150

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

Title           DIRECTOR  
Name           PARSONS, JEFFREY P.  
Address        6564 LOISDALE COURT  
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: JILL LESLIE BRUNING**

**PRESIDENT**

**04/13/2017**

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

\_\_\_\_\_  
Date