#### 2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000002999

Entity Name: AECOM NATIONAL SECURITY PROGRAMS, INC.

**FILED** Mar 19, 2019 **Secretary of State** 3818836161CC

#### **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: 54-1365583 Certificate of Status Desired: No

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

Electronic Signature of 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:

City-State-Zip:

Address

Officer/Director Detail:

Title **DIRECTOR** Title DIRECTOR, GLOBAL TAX

Name KENNEDY, JOHN (JAKE) Name CROSS, MARK

Address 20501 SENECA MEADOWS PARKWAY Address 300 S GRAND AVENUE

SUITE 202

GERMANTOWN MD 20876

LOS ANGELES CA 90071

Title DIRECTOR, GLOBAL TAX

Title DIRECTOR, GLOBAL TAX Name COTE, DONNA

TINCKNELL, TIMOTHY ALAN Name 300 S GRAND AVENUE Address

300 S GRAND AVENUE Address City-State-Zip: LOS ANGELES CA 90071

City-State-Zip: **PRESIDENT** Title

Title **TREASURER** Name BRUNING, JILL LESLIE PHEENY, PAUL Name

Address 20501 SENECA MEADOWS PARKWAY Address

20501 SENECA MEADOWS PARKWAY SUITE 300 SUITE 300

City-State-Zip: GERMANTOWN MD 20876 GERMANTOWN MD 20876 City-State-Zip:

Title DIRECTOR

Title **DIRECTOR** Name VOLLMER, JOHN C.

Name BRUNING, JILL LESLIE Address 20501 SENECA MEADOWS PARKWAY

20501 SENECA MEADOWS PARKWAY SUITE 300

SUITE 300 City-State-Zip: GERMANTOWN MD 20876

City-State-Zip: GERMANTOWN MD 20876

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City-State-Zip:

LOS ANGELES CA 90071

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.

03/19/2019 SIGNATURE: PAUL PHEENY TREASURER

Electronic Signature of Signing Officer/Director Detail

Date

Date

# Officer/Director Detail Continued:

**SECRETARY** Title Title DIRECTOR

RALEY, TERENCE C. Name Name PARSONS, JEFFREY P. Address 6564 LOISDALE COURT Address 6564 LOISDALE COURT

SUITE 500

City-State-Zip: SPRINGFIELD VA 22150 City-State-Zip: SPRINGFIELD VA 22150