

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Oct 27, 2009
Secretary of State**

DOCUMENT# F95000004014

Entity Name: AECOM TECHNICAL SERVICES, INC.

Current Principal Place of Business:

515 SOUTH FLOWER STREET
LOS ANGELES, CA 90071

New Principal Place of Business:

Current Mailing Address:

4840 COX ROAD
GLEN ALLEN, VA 23060

New Mailing Address:

FEI Number: 95-2661922 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KRUSI, ALAN P
Address: 300 OCEANGATE, SUITE 700
City-St-Zip: LONG BEACH, CA 90802

Title: DV () Delete
Name: CHEN, ERIC
Address: 515 S. FLOWER STREET, 37TH FLOOR
City-St-Zip: LOS ANGELES, CA 90071

Title: DV () Delete
Name: SHIMODA, WES
Address: 515 S. FLOWER STREET, 37TH FLOOR
City-St-Zip: LOS ANGELES, CA 90071

Title: S () Delete
Name: GARRETT, WILLIAM E
Address: 300 OCEANGATE, SUITE 700
City-St-Zip: LONG BEACH, CA 90802

Title: V () Delete
Name: GORDEN, DAVID
Address: 30 S. KELLER ROAD, SUITE 500
City-St-Zip: ORLANDO, FL 32810

Title: D () Delete
Name: BONILLA, JOSE E
Address: 800 DOUGLAS ENTRANCE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AVP (X) Change () Addition
Name: BONILLA, JOSE E
Address: 800 DOUGLAS ENTRANCE
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: C. KEVEN WRIGHT

Electronic Signature of Signing Officer or Director

TM

10/27/2009

Date