

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Oct 29, 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: AVP ( ) 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: VP (X) Change ( ) Addition  
Name: RICHARD, HEIDRICH  
Address: 13450 WEST SUNRISE BLVD, SUITE 200  
City-St-Zip: SUNRISE, FL 33323

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:

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

10/29/2009

\_\_\_\_\_  
Date