

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 07, 2011
Secretary of State

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
Name: KINLEY, JOHN
Address: 999 TOWN & COUNTRY ROAD
City-St-Zip: ORANGE, CA 92868

Title: VP
Name: KENYON, CRAIG
Address: 800 DOUGLAS ENTRANCE, NORTH TOWER
City-St-Zip: CORAL GABLES, FL 33134

Title: PRIN
Name: HOOD, JAY R
Address: 150 N. ORANGE AVE, SUITE 200
City-St-Zip: ORLANDO, FL 32801

Title: AVP
Name: VOKOUN, TOM
Address: 3550 SW CORPORATE PARKWAY
City-St-Zip: PALM CITY, FL 34990

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

Title: AVP
Name: MEKARSKI, BRIAN E
Address: 800 DOUGLAS ENTRANCE
City-St-Zip: CORAL GABLES, FL 33134

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: ROBYN MILLER

SEC

01/07/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date