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Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90001 047 ***558.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 833552 (3)

1. Corporation Name
 URS Greiner Woodward-Clyde
 International-Americas, Inc.

Principal Place of Business 100 California Street Suite 500 San Francisco, CA 94111-4529	Mailing Address (same)
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 12-29-74

2. Principal Place of Business 21 100 California Street Suite, Apt. #, etc. 22 Suite 500 City & State 23 San Francisco, CA Zip 24 94111 Country 25 USA	2a. Mailing Address 26 same Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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4. FEI Number 94-1716908	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

Corporation Service Company
 1201 Hayes Street
 Tallahassee, FL 32301

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	SEE ATTACHED LIST	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carol Brummerstedt Assistant Secretary Date: _____ Daytime Phone #: 415-474-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

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599285-90001-47

URS GREINER WOODWARD-CLYDE INTERNATIONAL-AMERICAS, INC. (Document Number 833552)

12. OFFICERS & DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS & DIRECTORS IN 12	
Title Name Street Address City-State-ZIP	D Wilson, Robert K. 500 12 th Street, Suite 200 Oakland, CA 94607 <input checked="" type="checkbox"/> Delete	1.1 Title 1.2 Name 1.3 Street Address 1.4 City-State-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Koffel, Martin M. 100 California Street, Suite 500 San Francisco, CA 94111
Title Name Street Address City-State-ZIP	V Richards, Michael C. 500 12 th Street, Suite 200 Oakland, CA 94607 <input type="checkbox"/> Delete	2.1 Title 2.2 Name 2.3 Street Address 2.4 City-State-ZIP	SRVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Richards, Michael C. 500 12 th Street, Suite 200 Oakland, CA 94607
Title Name Street Address City-State-ZIP	DC Bischoff, John A. 500 12 th Street, Suite 200 Oakland, CA 94607 <input type="checkbox"/> Delete	3.1 Title 3.2 Name 3.3 Street Address 3.4 City-State-ZIP	SRVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bischoff, John A. 500 12 th Street, Suite 200 Oakland, CA 94607
Title Name Street Address City-State-ZIP	VS Dimick, David 4582 S. Ulster Street Denver, CO 80237 <input checked="" type="checkbox"/> Delete	4.1 Title 4.2 Name 4.3 Street Address 4.4 City-State-ZIP	D/EVP/CFO/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ainsworth, Kent P. 100 California Street, Suite 500 San Francisco, CA 94111
Title Name Street Address City-State-ZIP	P Miller, James R. 4582 S. Ulster Street Denver, CO 80237 <input type="checkbox"/> Delete	5.1 Title 5.2 Name 5.3 Street Address 5.4 City-State-ZIP	SR.VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Miller, James R. 4582 S. Ulster Street, Suite 600 Denver, CO 80237
Title Name Street Address City-State-ZIP	<input type="checkbox"/> Delete	6.1 Title 6.2 Name 6.3 Street Address 6.4 City-State-ZIP	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rosenstein, Irwin L. Mack Centre II, Mack Centre Drive Paramus, NJ 07652
Title Name Street Address City-State-ZIP	<input type="checkbox"/> Delete	7.1 Title 7.2 Name 7.3 Street Address 7.4 City-State-ZIP	SRVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dhamotharan, Dharmo S. 7600 West Tidwell, Suite 600 Houston, TX 77040
Title Name Street Address City-State-ZIP	SRVP Doyle, J. Robert 4582 S. Ulster Street, Suite 600 Denver, CO 80237 <input type="checkbox"/> Delete	8.1 Title 8.2 Name 8.3 Street Address 8.4 City-State-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-State-ZIP	<input type="checkbox"/> Delete	9.1 Title 9.2 Name 9.3 Street Address 9.4 City-State-ZIP	VP/Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Pedalino, Peter Mack Centre II, Mack Centre Drive Paramus, NJ 07652
Title Name Street Address City-State-ZIP	<input type="checkbox"/> Delete	10.1 Title 10.2 Name 10.3 Street Address 10.4 City-State-ZIP	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Masters, Joseph 100 California Street, Suite 500 San Francisco, CA 94111
Title Name Street Address City-State-ZIP	<input type="checkbox"/> Delete	11.1 Title 11.2 Name 11.3 Street Address 11.4 City-State-ZIP	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Brummerstedt, Carol 100 California Street, Suite 500 San Francisco, CA 94111
Title Name Street Address City-State-ZIP	<input type="checkbox"/> Delete	11.1 Title 11.2 Name 11.3 Street Address 11.4 City-State-ZIP	V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jorgensen, Cynthia 100 California Street, Suite 500 San Francisco, CA 94111