

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90126 006 \*\*\*158.75

**DOCUMENT # 833552**

1. Entity Name

**URS GREINER WOODWARD-CLYDE INTERNATIONAL-AMERICA**

**80010345**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

100 CALIFORNIA ST  
 SUITE 500  
 SAN FRANCISCO CA 94111  
 US

100 CALIFORNIA ST  
 SUITE 500  
 SAN FRANCISCO CA 94111-4510  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**94-1716908**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYES ST**  
**TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WILSON, ROBERT K.</b>	
STREET ADDRESS	<b>500 12TH ST, STE 200</b>	
CITY-ST-ZIP	<b>OAKLAND CA 94607</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>RICHARDS, MICHAEL C.</b>	
STREET ADDRESS	<b>500 12TH ST, STE 200</b>	
CITY-ST-ZIP	<b>OAKLAND CA 94607</b>	
TITLE	<b>DC</b>	<input type="checkbox"/> Delete
NAME	<b>BISCHOFF, JOHN A.</b>	
STREET ADDRESS	<b>500 12TH ST, STE 200</b>	
CITY-ST-ZIP	<b>OAKLAND CA 94607</b>	
TITLE	<b>VS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DIMICK, DAVID</b>	
STREET ADDRESS	<b>4582 S ULSTER ST PKWY</b>	
CITY-ST-ZIP	<b>DENVER CO 80237</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>DOYLE, J R</b>	
STREET ADDRESS	<b>4582 SOUTH ULSTER ST., STE 600</b>	
CITY-ST-ZIP	<b>DENVER CO 80237</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MILLER, JAMES R.</b>	
STREET ADDRESS	<b>4582 S. ULSTER ST., STE 600</b>	
CITY-ST-ZIP	<b>DENVER CO 80237</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STEVENSON, WILLIAM A.</b>	
STREET ADDRESS	<b>3950 SPARKS DR. SE</b>	
CITY-ST-ZIP	<b>GRAND RAPIDS, MI 49546</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BISCHOFF, JOHN A.</b>	
STREET ADDRESS	<b>500 12th STREET, #200</b>	
CITY-ST-ZIP	<b>OAKLAND, CA 94607</b>	
TITLE	<b>P, EVP, CFO, S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>AINSWORTH, KENT P.</b>	
STREET ADDRESS	<b>100 CALIFORNIA ST., STE. 500</b>	
CITY-ST-ZIP	<b>SAN FRANCISCO, CA 94111</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*SEE ATTACHED LIST*

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carol Brummerstedt*

**Carol Brummerstedt**

**Assistant Secretary**

Date: *Jan 11, 2000* Daytime Phone #: *415-774-2700*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)