

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

1497

FILED

05 FEB 10 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



COP 042005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # 833552</b> 1. Entity Name URS CORPORATION					
Principal Place of Business 600 MONTGOMERY ST. 25TH FLR. SAN FRANCISCO, CA 94111 US			Mailing Address 600 MONTGOMERY ST. 25TH FLR. SAN FRANCISCO, CA 94111 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>94-1716908</b>	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	
				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DSRV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEVENSON, WILLIAM A		NAME		
STREET ADDRESS	3950 SPARKS DR SE		STREET ADDRESS		
CITY-ST-ZIP	GRAND RAPIDS, MI 49546		CITY-ST-ZIP		
TITLE	SV	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARDS, MICHAEL C.		NAME	SV RICHARDS, MICHAEL C.	
STREET ADDRESS	1999 BROADWAY, STE 800		STREET ADDRESS	5 ST. GEORGE'S ROAD	
CITY-ST-ZIP	OAKLAND, CA 94642		CITY-ST-ZIP	WIMBLEDON, LONDON SW19 4DR UK	
TITLE	SV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BISCHOFF, JOHN A.		NAME		
STREET ADDRESS	1333 BROADWAY, STE. 800		STREET ADDRESS		
CITY-ST-ZIP	OAKLAND, CA 94612		CITY-ST-ZIP		
TITLE	DVCF	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AINSWORTH, KENT P		NAME		
STREET ADDRESS	600 MONTGOMERY ST., 25TH FLR.		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO, CA 94111		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOYLE, JR		NAME		
STREET ADDRESS	8181 E. TUFTS AVE		STREET ADDRESS		
CITY-ST-ZIP	DENVER, CO 80237		CITY-ST-ZIP		
TITLE	SV	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, JAMES R.		NAME		
STREET ADDRESS	53 STREET GEORGES ROAD 2ND FLOOR		STREET ADDRESS		
CITY-ST-ZIP	OAKLAND, CA 94607		CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Kristin L. Jones</u>			KRISTIN L. JONES, ASST. SECRETARY Date: <u>2-1-05</u> Daytime Phone #: <u>(415) 774-2700</u>		

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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENSTEIN, IRWIN L.	NAME	
STREET ADDRESS	One Penn Plaza, Suite 610	STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10119	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUMMERSTEDT, CAROL	NAME	
STREET ADDRESS	600 Montgomery Street, 25th Floor	STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA 94111	CITY-ST-ZIP	
TITLE	EV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, JEAN-YVES	NAME	
STREET ADDRESS	8181 East Tufts Avenue	STREET ADDRESS	
CITY-ST-ZIP	Denver, CO 80237	CITY-ST-ZIP	
TITLE	SrV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, THOMAS W.	NAME	
STREET ADDRESS	600 Montgomery Street, 25th Floor	STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA 94111	CITY-ST-ZIP	
TITLE	SrV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DHAMOTHARAN, DHAMO S.	NAME	
STREET ADDRESS	9801 Westheimer, Suite 500	STREET ADDRESS	
CITY-ST-ZIP	Houston, TX 77042	CITY-ST-ZIP	
TITLE	SrV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDERVORT, ROBERT	NAME	
STREET ADDRESS	2520 Venture Oaks Way, Suite 250	STREET ADDRESS	
CITY-ST-ZIP	Sacramento, CA 95833	CITY-ST-ZIP	
TITLE	SrV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEER, MICHAEL D.	NAME	
STREET ADDRESS	4 North Park Drive, Suite 300	STREET ADDRESS	
CITY-ST-ZIP	Hunt Valley, MD 21030	CITY-ST-ZIP	
TITLE	SrV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOM, MARVIN J.	NAME	
STREET ADDRESS	One Penn Plaza, Suite 610	STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10119	CITY-ST-ZIP	
TITLE	SrV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLEN, ROBERT M.	NAME	
STREET ADDRESS	7650 West Courtney Campbell Causeway	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33607	CITY-ST-ZIP	

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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	SrV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKES, T. WALLACE	NAME	
STREET ADDRESS	7650 West Courtney Campbell Causeway	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33607	CITY-ST-ZIP	
TITLE	SrV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODENFELS, CHARLES A.	NAME	
STREET ADDRESS	277 West Nationwide Blvd.	STREET ADDRESS	
CITY-ST-ZIP	Columbus, OH 43215	CITY-ST-ZIP	
TITLE	SrV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROJAN, EDWARD J.	NAME	
STREET ADDRESS	4 North Park Drive, Suite 300	STREET ADDRESS	
CITY-ST-ZIP	Hunt Valley, MD 21030	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	RODGERS, JUDY L.
STREET ADDRESS		STREET ADDRESS	600 Montgomery Street, 25th Floor
CITY-ST-ZIP		CITY-ST-ZIP	San Francisco, CA 94111
TITLE	SrV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDWIN P. CLAY	NAME	
STREET ADDRESS	1000 Abernathy Road NE, Suite 900	STREET ADDRESS	
CITY-ST-ZIP	Atlanta, GA 30328	CITY-ST-ZIP	
TITLE	SrV <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTTS, JOHN E.	NAME	
STREET ADDRESS	1501 4th Avenue, Suite 1400	STREET ADDRESS	
CITY-ST-ZIP	Seattle, WA 98101	CITY-ST-ZIP	
TITLE	SrV <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLEMAN, JB	NAME	
STREET ADDRESS	7101 Wisconsin Avenue, Suite 700	STREET ADDRESS	
CITY-ST-ZIP	Bethesda, MD 20814	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANDEGIAN, GARY V.	NAME	
STREET ADDRESS	600 Montgomery Street, 25th Floor	STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA 94111	CITY-ST-ZIP	
TITLE	SrV <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHAZAK, VLADIMIR	NAME	
STREET ADDRESS	1501 4th Avenue, Suite 1400	STREET ADDRESS	
CITY-ST-ZIP	Seattle, WA 98101	CITY-ST-ZIP	

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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	SrV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFAYETTE, WILLIAM P.	NAME	
STREET ADDRESS	One Gateway Center, 13 West	STREET ADDRESS	
CITY-ST-ZIP	Pittsburgh, PA 15222	CITY-ST-ZIP	
TITLE	SrV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOGAN, THOMAS J.	NAME	
STREET ADDRESS	7800 Congress Avenue, Suite 200	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33487	CITY-ST-ZIP	
TITLE	SrV <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUSSEL, GUILAINE	NAME	
STREET ADDRESS	500 12th Street, Suite 200	STREET ADDRESS	1333 Broadway, Suite 800
CITY-ST-ZIP	Oakland, CA 94607	CITY-ST-ZIP	Oakland, CA 94612
TITLE	SrV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARSON, E. STEVEN	NAME	
STREET ADDRESS	2020 East First Street, Suite 400	STREET ADDRESS	
CITY-ST-ZIP	Santa Ana, CA 92705	CITY-ST-ZIP	
TITLE	SrV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINO, DAVID W.	NAME	
STREET ADDRESS	1000 Abernathy Road NE, Suite 900	STREET ADDRESS	
CITY-ST-ZIP	Atlanta, GA 30328	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDALINO, PETER J.	NAME	
STREET ADDRESS	Mack-Cali Centre II, One Mack Centre Drive	STREET ADDRESS	
CITY-ST-ZIP	Paramus, NJ 07652	CITY-ST-ZIP	
TITLE	VT <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, DAVID C.	NAME	
STREET ADDRESS	600 Montgomery Street, 25th Floor	STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA 94111	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLISON, JIMMIE	NAME	
STREET ADDRESS	315 East Robinson Street, Suite 245	STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32801	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	De VIVERO, RICHARD E.	NAME	
STREET ADDRESS	315 East Robinson Street, Suite 245	STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32801	CITY-ST-ZIP	

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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECHAGARRUA, MARIO	NAME	
STREET ADDRESS	7800 Congress Avenue, Suite 200	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33487	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, CARLOS	NAME	
STREET ADDRESS	7650 Corporate Center Drive, Suite 400	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33126	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIEDORODA, ALAN	NAME	
STREET ADDRESS	3676 Hartsfield Road	STREET ADDRESS	1625 Summit Lake Drive
CITY-ST-ZIP	Tallahassee, FL 32303	CITY-ST-ZIP	Tallahassee, FL 32317
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHECHTER, ANDREW	NAME	
STREET ADDRESS	7800 Congress Avenue, Suite 200	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33487	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIOVANNELLI, RONALD F.	NAME	
STREET ADDRESS	7650 West Courtney Campbell Causeway	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33607	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KWADER, THOMAS	NAME	
STREET ADDRESS	3676 Hartsfield Road	STREET ADDRESS	1625 Summit Lake Drive
CITY-ST-ZIP	Tallahassee, FL 32303	CITY-ST-ZIP	Tallahassee, FL 32317
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, HUGH W.	NAME	
STREET ADDRESS	7650 West Courtney Campbell Causeway	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33607	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NARDONE, MICHAEL	NAME	
STREET ADDRESS	7650 Corporate Center Drive, Suite 400	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33126	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTERS, JOSEPH	NAME	
STREET ADDRESS	600 Montgomery Street, 25th Floor	STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA 94111	CITY-ST-ZIP	

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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V/AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAHN, LESLIE	NAME	
STREET ADDRESS	8181 East Tufts Avenue	STREET ADDRESS	
CITY-ST-ZIP	Denver, CO 80237	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, KRISTIN L.	NAME	
STREET ADDRESS	600 Montgomery Street, 25th Floor	STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA 94111	CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPERATO, MICHAEL	NAME	
STREET ADDRESS	7650 West Courtney Campbell Causeway	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33607	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, JOHN W.	NAME	
STREET ADDRESS	7800 Congress Avenue, Suite 200	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33487	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURTON, THOMAS	NAME	
STREET ADDRESS	7650 West Courtney Campbell Causeway	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33607	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	SrV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	RUDDEN, RUSSEL
STREET ADDRESS		STREET ADDRESS	100 California Street, Suite 500
CITY-ST-ZIP		CITY-ST-ZIP	San Francisco, CA 94111
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	FOSTER, ROGER
STREET ADDRESS		STREET ADDRESS	315 East Robinson Street, Suite 245
CITY-ST-ZIP		CITY-ST-ZIP	Orlando, FL 32801
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	COOPER, ROBERT
STREET ADDRESS		STREET ADDRESS	7800 Congress Avenue, Suite 200
CITY-ST-ZIP		CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	LARSON, RICHARD G.
STREET ADDRESS		STREET ADDRESS	315 East Robinson Street, Suite 245
CITY-ST-ZIP		CITY-ST-ZIP	Orlando, FL 32801
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MAYO, JAMES LEE
STREET ADDRESS		STREET ADDRESS	1625 Summit Lake Drive
CITY-ST-ZIP		CITY-ST-ZIP	Tallahassee, FL 32317

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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MORRIS, BRIAN J.
STREET ADDRESS		STREET ADDRESS	315 East Robinson Street, Suite 245
CITY-ST-ZIP		CITY-ST-ZIP	Orlando, FL 32801
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	ROBINSON, LEWIS
STREET ADDRESS		STREET ADDRESS	2020 K Street NW, Suite 300
CITY-ST-ZIP		CITY-ST-ZIP	Washington, DC 20006