2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000001296

1. Entity Name
AECOM CONSULT, INC.

Principal Place of Business	Mailing Address
515 SOUTH FLOWER STREET 4TH FLOOR LOS ANGELES, CA 90071	515 SOUTH FLOWER STREET 4TH FLOOR LOS ANGELES, CA 90071

03182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-4822949

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000100131
03/31/04-80034-005 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ELLIS, RAYMOND
STREET ADDRESS	515 SOUTH FLOWER STREET
CITY-ST-ZIP	LOS ANGELES, CA 90071
TITLE	D
NAME	SHIMODA, WESLEY T
STREET ADDRESS	515 SOUTH FLOWER STREET
CITY-ST-ZIP	LOS ANGELES, CA 90071
TITLE	VP
NAME	SCHWARTZ, PAUL E
STREET ADDRESS	515 SOUTH FLOWER STREET
CITY-ST-ZIP	LOS ANGELES, CA 90071
TITLE	D
NAME	INCAUDO, JOE A
STREET ADDRESS	515 SOUTH FLOWER STREET
CITY-ST-ZIP	LOS ANGELES, CA 90071
TITLE	D
NAME	TONS, DENNIS W
STREET ADDRESS	515 SOUTH FLOWER STREET
CITY-ST-ZIP	LOS ANGELES, CA 90071
TITLE	D
NAME	LYONS, TOM
STREET ADDRESS	515 SOUTH FLOWER STREET
CITY-ST-ZIP	LOS ANGELES, CA 90071

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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: _____ 3/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #