## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9300000676  1. Entity Name  -URS GREINER WOODWARD CLYDE FEDERAL SERVICES, INC-						_	TILED				
						GO FEB -7 AMII: 01					
NIC 110S COOK 100 1101000						SECRETARY OF STATE PALLAHASSEE, FLORIDA					
Principal Place of Business Mailing Address						PAELAN/	VSSEE.	FEORID#	7		
•	•	2520 VENTURE OAKS WAY									
STE 250 STE 250			_								
SACRAMENTO CA 95833-3200 SACRAMENTO CA 95833-4228											
Principal Place of Business     3. Mailing Address					ļ						
		uite, Apt. #, etc.				O ŽIIŽI ODJII BOLI	<b>                                    </b>		FID 0:11 1001		
Suite, Apt. a					OO NOT WRI	TE IN THIS S	SPACE				
City & State		City & State			4. FE	El Number g	4-307738	34	<b>—</b>	plied For t Applicable	
Zip	Country	Zip Count		try	<b>5.</b> C	ertificate of Stat	us Desired		<b>\$8.75</b> Add		
<del></del>	6. Name and Address of Current F	Registered Agent			7. Na	ame and Addre	ess of New F				
	Name										
CORPORATION SERVICE COMPANY 1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)							
TALL											
				City		<del></del>	<del>,</del>	FL	Zip Cod	e	
C The chouse	named entity submits this statement for	the ourness of changing its re		ed office or register	ed age	nt or both in th	e State of El		<u>'                                    </u>		
o. The above	named entity submits this statement for	the purpose of changing its it	gistert	su office or register	eu age	itt, or both, in th	e Glate of 11	orida.			
SIGNATURE _								DATE			
	Signature, typed or printed name of registered agent ar	<u> </u>		d Agent signature required	when rein	stating)		DATE	<del></del>		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  FILE NOW!!! FEE IS \$150 After MAY 1, 2000 Fee will be						10. Election C	Dampaign Fi d Contributio	_		May Be I to Fees	
(See criteri	ia on back)	Make Check Payable	e to De	epartment of Sta							
11.	OFFICERS AND D		12.	<del></del>	ADE	DITIONS/CHAN	GES TO OFF	FICERS AND	DIRECTOR:	S IN 11 Addition	
TITLE NAME	DPT JANDEGIAN, GARY V	☐ Delete	NAM			500	003	1354			
STREET ADDRESS	2520 VENTURE OAKS WAY #250	)		ET ADDRESS			-02/15	<u>/00==</u> 01		<u></u>	
CITY-ST-ZIP	SACRAMENTO CA 95833  DSRV	☐ Delete	TITLE	-ST-ZIP			****	<u>58.75</u>	****15	<u>さいる</u> □ Addition	
NAME :	WHITENIGHT, DONALD K	CT Deserte	NAM						□ Outrido		
STREET ADDRESS	200 ORCHARD RIDGE DR #101			ET ADDRESS							
CITY-ST-ZIP TITLE	GAITHERSBURG MD 20878 SRVS	Delete	TITLE	-ST-ZIP		·			☐ Change	Addition	
NAME	GUNDARLAHALLI, RAMANJANEY		NAM							ا	
STREET ADDRESS	4582 S ULSTER ST #1000			ET ADDRESS							
TITLE	DENVER CO 80237 SRV	Delete	TITLE	-ST-ZIP			·		Change	Addition	
NAME	BUTTS, JOHN E	Delete	NAM						_ , , ,		
STREET ADDRESS	2401 4TH AVE #1000			ET ADDRESS -ST-ZIP							
CITY-ST-ZIP	SEATTLE WA 98121 SRV	□ Delete	TITLE					<del>_</del>	☐ Change	Addition	
NAME	VIRENDRA, SINGN	☐ Delete	NAM								
STREET ADDRESS	282 DELAWARE AVE		1	ET ADDRESS - ST-ZIP						l	
CITY-ST-ZIP TITLE	BUFFALO NY 14202 V	Delete	TITLE	<del></del>			<del></del>	·····	Change	Addition	
NAME	WALKER, FREDERICK K		NAM	i					KE		
STREET ADDRESS	7650 W COURTNEY CAMPBELL	CSWY		ET ADDRESS -ST-ZIP					Q 16.	•	
13. I hereby c	TAMPA FL 33607 ertify that the information supplied with	this filing does not qualify for t	he exe	mption stated in Se	ection 1	19.07(3)(i), Flor	ida Statutes.	. I further cer	tify that the i	nformation	
13. Thereby 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.											
•	\ \frac{1}{2}		Ķ	enneth K.	HOU	αα <sub>1</sub>	28-00	·	15.774	1020	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							Date	•	aytime Phone #	1.670	