


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90050 026 \*\*\*158.75

**DOCUMENT # F93000000676**

1. Entity Name  
**URS GROUP, INC.**



Principal Place of Business  
**200 ORCHARD RIDGE DR  
 STE 101  
 GAITHERSBURG, MD 20878 US**

Mailing Address  
**600 MONTGOMERY STREET  
 25TH FLOOR  
 SAN FRANCISCO, CA 94111 US**

40000000

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



01092008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent  
 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. 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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRV WHITENIGHT, DONALD K 200 ORCHARD RIDGE DR #101 GAITHERSBURG, MD 20878 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT RAMANJANEYA, G.S. 8481 EAST TUFTS AVE DENVER, CO 80237 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRV SINGH, VIRENDRA 77 GOODSELL STREET BUFFALO, NY 14203 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALKER, FREDERICK K 7650 W COURTNEY CAMPBELL CSWY TAMPA, FL 33607 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO HICKS, THOMAS H 600 MONTGOMERY ST., 25TH PL. SAN FRANCISCO, CA 94111 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, KRISTIN L 600 MONTGOMERY ST., 25TH PL. SAN FRANCISCO, CA 94111 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2020 East First Street, Suite 400 Santa Ana, CA 92705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Kristin L. Jones, Secretary 1/10/08 415-774-2700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**ATTACHMENT** ~~#3~~ #F9300000676

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	SrV/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAHY, MARTIN	NAME	
STREET ADDRESS	600 Montgomery Street, 25th Floor	STREET ADDRESS	40005051
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	BURTON, MICHAEL	NAME	
STREET ADDRESS	One Penn Plaza, Suite 610	STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10119	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILIE, JOHN	NAME	
STREET ADDRESS	9801 Westheimer, Suite 500	STREET ADDRESS	
CITY-ST-ZIP	Houston, TX 77042	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKEY, CHARLES DAVID	NAME	
STREET ADDRESS	6135 Park South Drive, Suite 300	STREET ADDRESS	
CITY-ST-ZIP	Charlotte, NC 28212	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIMASSIMO, FAYE	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	MAYO, JAMES LEE	NAME	
STREET ADDRESS	7650 West Courtney Campbell Causeway	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33607	CITY-ST-ZIP	
TITLE	ExecV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANZER, MARTIN S.	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	MAHMOUD, HISHAM	NAME	
STREET ADDRESS	1000 Abernathy Road NE, Suite 900	STREET ADDRESS	
CITY-ST-ZIP	Atlanta, GA 30328	CITY-ST-ZIP	
TITLE	SrV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMAN, STEVEN	NAME	
STREET ADDRESS	614 East Edna Place	STREET ADDRESS	
CITY-ST-ZIP	Covina, CA 91723	CITY-ST-ZIP	
TITLE	SrV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALFOUR, W. DAVID	NAME	
STREET ADDRESS	9400 Amberglen Blvd.	STREET ADDRESS	
CITY-ST-ZIP	Austin, TX 78729	CITY-ST-ZIP	

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**ATTACHMENT**

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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	BISHOP, THOMAS W.	NAME	
STREET ADDRESS	600 Montgomery Street, 25th Floor	STREET ADDRESS	40005051
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	CZARNECKI, R. MARTIN	NAME	
STREET ADDRESS	221 Main Street, Suite 600	STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA 94105	CITY-ST-ZIP	
TITLE	SrV <input type="checkbox"/> Delete	TITLE	ExecV <input checked="" 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	GALLEN, ROBERT M.	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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERAN, FRANCIS J.	NAME	
STREET ADDRESS	Mack-Cali Centre II, One Mack Centre Drive	STREET ADDRESS	650 From Road, Suite 475
CITY-ST-ZIP	Paramus, NJ 07652	CITY-ST-ZIP	Paramus, NJ 07652
TITLE	SrV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEWIRTZMAN, JAY	NAME	
STREET ADDRESS	One Penn Plaza, Suite 610	STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10119	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, MARK	NAME	
STREET ADDRESS	77 Goodell Street	STREET ADDRESS	
CITY-ST-ZIP	Buffalo, NY 14230	CITY-ST-ZIP	
TITLE	P/D <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	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, GRACE	NAME	
STREET ADDRESS	1000 Abernathy Road NE, Suite 900	STREET ADDRESS	
CITY-ST-ZIP	Atlanta, GA 30328	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	

ATTACHMENT

# F93000000676

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	PINO, DAVID W.	NAME	
STREET ADDRESS	1000 Abernathy Road NE, Suite 900	STREET ADDRESS	
CITY-ST-ZIP	Atlanta, GA 30328	CITY-ST-ZIP	40005051
TITLE	SrV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROVENZA, VINCENT	NAME	
STREET ADDRESS	3500 N. Causeway Tower, Suite 900	STREET ADDRESS	
CITY-ST-ZIP	Metairie, LA 70002	CITY-ST-ZIP	
TITLE	SrV <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAHM, MICHAEL	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	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	STEVENSON, WILLIAM A.	NAME	
STREET ADDRESS	3950 Sparks Drive SE	STREET ADDRESS	
CITY-ST-ZIP	Grand Rapids, MI 49546	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	SrV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCCARONE, LOUIS A.	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	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	WAITKUS, ROBERT A.	NAME	
STREET ADDRESS	335 Commerce Drive, Suite 300	STREET ADDRESS	
CITY-ST-ZIP	Ft. Washington, PA 19034	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DZIERLENGA, P. STANLEY	NAME	
STREET ADDRESS	1600 Perimeter Park Drive	STREET ADDRESS	
CITY-ST-ZIP	Morrisville, NC 27560	CITY-ST-ZIP	

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	GIOVANNELLI, RONALD F.	NAME	
STREET ADDRESS	7650 West Courtney Campbell Causeway	STREET ADDRESS	40005051
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	MASTERS, JOSEPH	NAME	
STREET ADDRESS	600 Montgomery Street, 25th Floor	STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA 94111	CITY-ST-ZIP	
TITLE	V/AT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODGERS, JUDY L.	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	PLUM, DAVID	NAME	
STREET ADDRESS	277 Bendix Road, Suite 500	STREET ADDRESS	
CITY-ST-ZIP	Virginia Beach, VA 23452	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIMMERMAN, JOSEPH	NAME	
STREET ADDRESS	13825 Sunrise Valley Drive, Suite 250	STREET ADDRESS	
CITY-ST-ZIP	Herndon, VA 20171	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHMAN, DALE A.	NAME	
STREET ADDRESS	200 Orchard Ridge Drive, Suite 101	STREET ADDRESS	
CITY-ST-ZIP	Gaithersburg, MD 20878	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDERSEN, CRAIG	NAME	
STREET ADDRESS	9400 Amberglen Blvd.	STREET ADDRESS	
CITY-ST-ZIP	Austin, TX 78729	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDDEN, RUSSEL	NAME	
STREET ADDRESS	100 California Street, Suite 500	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 checked="" type="checkbox"/> Addition
NAME	COFFMAN, EVELYN V.	NAME	BRANDENBURG-SMITH, CAROL
STREET ADDRESS	600 Montgomery Street, 25th Floor	STREET ADDRESS	600 Montgomery Street, 25th Floor
CITY-ST-ZIP	San Francisco, CA 94111	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	LARSON, RICHARD G.
STREET ADDRESS		STREET ADDRESS	315 East Robinson St., Suite 245
CITY-ST-ZIP		CITY-ST-ZIP	Orlando, FL 32801