


**2008 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**DOCUMENT # F95000004014**

1. Entity Name  
**AECOM TECHNICAL SERVICES, INC.**



FILED  
08 DEC 22 PM 12: 08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**300 OCEANGATE  
SUITE 700  
LONG BEACH, CA 90802**

Mailing Address  
**P O BOX 8749  
PRINCETON, NJ 08543**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
**300 Oceangate  
Suite 700**

12162008 Chg-P CR2E034 (12/06)

City & State  
**Long Beach, CA**

4. FEI Number  
**95-2661922**

Applied For  
Not Applicable

Zip  
**90802**

Country  
**USA**

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**

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 \_\_\_\_\_

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

**800139209988**  
**12/22/08--01050--011 \*\*70.00**  
DATE

**Amended AR is \$61.25**

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	DP KRUSI, ALAN P 300 OCEANGATE, SUITE 700 LONG BEACH, CA 90802 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS ALPERT, CHARLES S 300 OCEANGATE, SUITE 700 LONG BEACH, CA 90802 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARAN, RICHARD L 300 OCEANGATE BLVD, SUITE 300 LONG BEACH, CA 90802 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GARRETT, WILLIAM E 300 OCEANGATE, SUITE 700 LONG BEACH, CA 90802 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>* See Attachment *</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V Chen, Eric 515 S. Flower Street, 37th Floor Los Angeles, CA 90071 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V Shimoda, Wes 515 S. Flower Street, 37th Floor Los Angeles, CA 90071 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Joldersma, Tom 117A Broadway Avenue Oak Ridge, TN 37830 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Garrett, William E 300 Oceangate, Suite 700 Long Beach, CA 90802 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Swanagon, Robert 717 17th Street, Suite 500 Denver, CO 80202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Gorden, David 30 South Keller Road, Suite 500 Orlando, FL 32810 <input type="checkbox"/> Change <input checked="" 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: **William E. Garrett**  **12-16-08** **562-951-2133**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

12/22/08

2008 for Profit Corporation  
Amended Annual Report  
for  
AECOM Technical Services, Inc.

Item 10. Additional Officers and Directors

Title	V
Name	Webb, William
Street Address	11440 Carmel Commons Blvd., Suite 201
City State Zip	Charlotte, NC 28226

---

Title	V
Name	Andrews, Robert
Street Address	105 Commerce Valley Drive West
City State Zip	Markham, Ontario, L3T 7W3

---

Title	AS
Name	Gan, David
Street Address	515 South Flower Street, 37 <sup>th</sup> Floor
City State Zip	Los Angeles, CA 90071

---

Title	AT
Name	Osborne, Ron
Street Address	515 South Flower Street, 37 <sup>th</sup> Floor
City State Zip	Los Angeles, CA 90071

---