2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#814404

Entity Name: AECOM USA, INC.

FILED Feb 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 515 SOUTH FLOWER ST. 4TH FLOOR LOS ANGELES, CA 90071 **New Mailing Address: Current Mailing Address:** 515 SOUTH FLOWER ST. 4TH FLOOR LOS ANGELES, CA 90071 FEI Number: 13-5511947 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: WESLEY SHIMODA 02/05/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition CHMIELINSKI, JANE A LEVY, IRA A Name: Name: 605 THIRD AVENUE 605 THIRD AVENUE Address: Address: NEW YORK, NY 10158 City-St-Zip: NEW YORK, NY 10158 City-St-Zip: Title: SVP Title: () Delete () Change () Addition Name: MCKINNON, LUKE D Name: 605 THIRD AVENUE Address: Address: NEW YORK, NY 10158 City-St-Zip: City-St-Zip: Title: Title: FVP () Delete () Change () Addition PULICARE, JOSEPH G Name: Name: 605 THIRD AVENUE Address: Address: City-St-Zip: NEW YORK, NY 10158 City-St-Zip: Title: SGC () Delete Title: () Change () Addition GREENSPAN, ELISE, Name: Name: Address: 605 THIRD AVENUE Address: City-St-Zip: NEW YORK, NY 10158 City-St-Zip: Title: Title: () Delete () Change () Addition SHIMODA, WESLEY T Name: Name: 515 SOUTH FLOWER STREET Address: Address: City-St-Zip: LOS ANGLES, CA 90071 City-St-Zip: Title: () Delete Title: () Change () Addition ANIDO, GUILLERMO Name: Name: 800 DOUGLAS RD., SUITE 770 Address: Address: City-St-Zip: City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WESLEY SHIMODA AS 02/05/2009