

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 828149

**Entity Name:** AECOM SERVICES, INC.

**Current Principal Place of Business:**

515 S. FLOWER STREET  
4TH FLOOR  
LOS ANGELES, CA 90071

**Current Mailing Address:**

515 S. FLOWER STREET  
4TH FLOOR  
LOS ANGELES, CA 90071 US

**FEI Number:** 95-2084998

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	PRESIDENT, CEO
Name	CASTRO, RANDY
Address	1360 PEACHTREE STREET
City-State-Zip:	ATLANTA GA 30309
Title	SENIOR VP, SECRETARY
Name	MILLER, ROBYN
Address	515 S. FLOWER STREET 10TH FLOOR
City-State-Zip:	LOS ANGELES CA 90071

Title	TREASURER, CFO
Name	DESLATTE, DENNIS
Address	999 TOWN AND COUNTRY ROAD
City-State-Zip:	ORANGE CA 92868
Title	PRINCIPAL
Name	KERWIN, MICHAEL
Address	800 DOUGLAS ENTRANCE 2ND FLOOR
City-State-Zip:	CORAL GABLES FL 33134

*I hereby 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 all other like empowered.*

**SIGNATURE:** ROBYN MILLER

**SENIOR VP, SECRETARY** 04/30/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date