

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000000676

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

**Current Principal Place of Business:**

2020 K STREET NW  
SUITE 300  
WASHINGTON, DC 20006

**FILED**  
**Jan 05, 2015**  
**Secretary of State**  
**CC8179069820**

**Current Mailing Address:**

9400 AMBERGLEN BLVD.  
ATTN: KRISTIN JONES  
AUSTIN, TX 78729 US

**FEI Number: 94-3077384**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH 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 SRV  
Name WHITENIGHT, DONALD K  
Address 2020 K STREET NW  
SUITE 300  
City-State-Zip: WASHINGTON DC 20006

Title V  
Name WALKER, FREDERICK K  
Address 7650 W COURTNEY CAMPBELL CSWY  
City-State-Zip: TAMPA FL 33607

Title S  
Name JONES, KRISTIN L  
Address 600 MONTGOMERY ST., 25TH PL.  
City-State-Zip: SAN FRANCISCO CA 94111

Title DIRECTOR  
Name BOECHLER, PAUL M  
Address 600 MONTGOMERY STREET  
25TH FLOOR  
City-State-Zip: SAN FRANCISCO CA 94111

Title SVP  
Name KEENER, TIMOTHY  
Address 1600 PERIMETER PARK DRIVE  
SUITE 400  
City-State-Zip: MORRISVILLE NC 27560

Title SVP  
Name DICKEY, CHARLES D JR.  
Address 6135 PARK SOUTH DRIVE  
SUITE 300  
City-State-Zip: CHARLOTTE NC 28210

Title VP  
Name LEVY, DANIEL J  
Address 7650 CORPORATE CENTER DRIVE  
SUITE 400  
City-State-Zip: MIAMI FL 33126

Title VP  
Name MAYO, JAMES L  
Address 7650 W COURTNEY CAMPBELL CSWY  
City-State-Zip: TAMPA FL 33607

**Continues on page 2**

*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: KRISTIN L. JONES**

**SECRETARY**

**01/05/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name MCDANIEL, WILLIAM H JR.  
Address 7650 W COURTNEY CAMPBELL CSWY  
City-State-Zip: TAMPA FL 33607

Title DP  
Name BISHOP, THOMAS W  
Address 300 CALIFORNIA STREET  
4TH FLOOR  
City-State-Zip: SAN FRANCISCO CA 94104

Title DIRECTOR, VP  
Name MASTERS, JOSEPH  
Address 600 MONTGOMERY STREET  
25TH FLOOR  
City-State-Zip: SAN FRANCISCO CA 94111

Title VP  
Name WALKER, FREDERICK K  
Address 7650 W COURTNEY CAMPBELL CSWY  
City-State-Zip: TAMPA FL 33607

Title TREASURER  
Name DRISCOLL, KEENAN  
Address 1999 AVENUE OF THE STARS  
SUITE 2600  
City-State-Zip: LOS ANGELES CA 90067