

**2013 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 02, 2013**  
**Secretary of State**  
**CC8884922138**

**Current Mailing Address:**

600 MONTGOMERY STREET  
25TH FLOOR  
SAN FRANCISCO, CA 94111 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 200 ORCHARD RIDGE DR #101  
City-State-Zip: GAITHERSBURG MD 20878

Title V  
Name RAMANJANEYA, G.S.  
Address 2020 E FIRST ST STE 400  
City-State-Zip: SANTA ANA CA 92705

Title V  
Name GIOVANNELLI, RONALD F  
Address 7650 W COURTNEY CAMPBELL CSWY  
City-State-Zip: TAMPA FL 33607

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

Title PD  
Name JANDEGIAN, GARY  
Address 600 MONTGOMERY ST., 25TH PL.  
City-State-Zip: SAN FRANCISCO CA 94111

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

*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**

**01/02/2013**

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

\_\_\_\_\_  
Date