

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 828149

Entity Name: AECOM SERVICES, INC.

FILED
Nov 25, 2008
Secretary of State

Current Principal Place of Business:

515 SOUTH FLOWER STREET
4TH FLOOR
LOS ANGELES, CA 90071

New Principal Place of Business:

Current Mailing Address:

515 SOUTH FLOWER STREET
4TH FLOOR
LOS ANGELES, CA 90071

New Mailing Address:

FEI Number: 95-2084998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LANDY, RAYMOND
Address: 515 SOUTH FLOWER STREET
City-St-Zip: LOS ANGELES, CA 90071

Title: SVP () Delete
Name: MILLER, ROBYN
Address: 515 SOUTH FLOWER STREET
City-St-Zip: LOS ANGELES, CA 90071

Title: TVP () Delete
Name: DESLATTE, DENNIS
Address: 999 TOWN & COUNTRY RD.
City-St-Zip: ORANGE, CA 92868

Title: V () Delete
Name: CRUZ, JESUS
Address: 800 DOUGLAS ENTRANCE, 2ND FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: VCFO () Delete
Name: KLEM, DEBORAH
Address: 800 DOUGLAS ENTRANCE
City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRIN (X) Change () Addition
Name: NEWBERRY, DEAN
Address: 800 DOUGLAS ENTRANCE
City-St-Zip: CORAL GABLES, FL 33134

Title: PRIN () Change (X) Addition
Name: HUNT, WILLIAM R
Address: 800 DOUGLAS ENTRANCE
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: ROBYN MILLER

SVP

11/25/2008

Electronic Signature of Signing Officer or Director

Date