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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 4:07

DOCUMENT # **830470** (1)

1. Corporation Name
URS CONSULTANTS, INC.

Principal Place of Business	Mailing Address
100 CALIFORINA ST SUITE 500 SAN FRANCISCO CA 94111	100 CALIFORINA ST SUITE 500 SAN FRANCISCO CA 94111

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/17/1973	3a. Date of Last Report: 08/10/1994
4. FEI Number: 11-1980241	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	1.1 TITLE	☐ Change ☐ Addition
NAME	BRUMMERSTEDT, CAROL	1.2 NAME	
STREET ADDRESS	100 CALIFORNIA ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	KOFFEL, MARTIN M	2.2 NAME	
STREET ADDRESS	100 CALIFORNIA ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	2.4 CITY-ST-ZIP	
TITLE	SV	3.1 TITLE	☐ Change ☐ Addition
NAME	BLOOM, MARVIN J	3.2 NAME	
STREET ADDRESS	100 CALIFORNIA ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	ROSENSTEIN, IRWIN L	4.2 NAME	
STREET ADDRESS	100 CALIFORNIA ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	4.4 CITY-ST-ZIP	
TITLE	DCS	5.1 TITLE	☐ Change ☐ Addition
NAME	AINSWORTH, KENT P	5.2 NAME	
STREET ADDRESS	100 CALIFORNIA ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	5.4 CITY-ST-ZIP	
TITLE	EVP	6.1 TITLE	☐ Change ☐ Addition
NAME	TANZER, MARTIN S	6.2 NAME	
STREET ADDRESS	100 CALIFORNIA ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carol Brummerstedt CAROL BRUMMERSTEDT ASSISTANT SECRETARY Date 3/14/95 (415) 774-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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