

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 830470 (1)**

1. Corporation Name

**URS CONSULTANTS, INC.**



Principal Place of Business

**100 CALIFORNIA ST  
SUITE 500  
SAN FRANCISCO CA 94111**

Mailing Address

**100 CALIFORNIA ST  
SUITE 500  
SAN FRANCISCO CA 94111**

3. Date Incorporated or Qualified  
**07/17/1973**

3a. Date of Last Report  
**03/22/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature of principal or principal registered agent (and then if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	AS	<input type="checkbox"/> DELETE
NAME	BRUMMERSTEDT, CAROL	
STREET ADDRESS	100 CALIFORNIA ST	
CITY-STATE-ZIP	SAN FRANCISCO CA	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KOFFEL, MARTIN M	
STREET ADDRESS	100 CALIFORNIA ST	
CITY-STATE-ZIP	SAN FRANCISCO CA	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	BLOOM, MARVIN J	
STREET ADDRESS	100 CALIFORNIA ST	
CITY-STATE-ZIP	SAN FRANCISCO CA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROSENSTEIN, IRWIN L	
STREET ADDRESS	100 CALIFORNIA ST	
CITY-STATE-ZIP	SAN FRANCISCO CA	
TITLE	DCS	<input type="checkbox"/> DELETE
NAME	AINSWORTH, KENT P	
STREET ADDRESS	100 CALIFORNIA ST	
CITY-STATE-ZIP	SAN FRANCISCO CA	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	TANZER, MARTIN S	
STREET ADDRESS	100 CALIFORNIA ST	
CITY-STATE-ZIP	SAN FRANCISCO CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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)(k), 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Carol Brummerstedt*  
Date

*3/8/96*  
Daytime Phone: *(415) 774-2700*

CR2E034 (12/95)