830470



ACCOUNT NO. 072100000032

830640 REFERENCE

5033239

COST LIMIT

ORDER DATE: May 22, 1998

ORDER TIME : 10:56 AM

ORDER NO. : 830640-645

CUSTOMER NO: 5033239

CUSTOMER: Ms. Amy Landuyt

Urs Corporation

100 California Street

#500

San Francisco, CA 94111

CHANGE OF AGENT

NAME: URS GREINER CONSULTANTS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ PLAIN STAMPED COPY

CONTACT PERSON: Robert Maxwell

DIVISION OF CORPORATION

ge 6/12/98

. Florida Department of State, Sandra B. Mortham, Secretary of State

* * * FILING FEE: \$35.00 * * *

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502	, 617.0502, 607.1508, or 617.1508, Florida Statutes, the
undersigned corporation organized under the law	-
submits the following statement in order to chan	ge its registered office or registered agent, or both, in the
State of Florida.	
1. The name of the corporation is: URS Greiner Consultants, Inc.	
2. The mailing address of the corporation is: 500	, 100 California Street
San Francisco, CA 94111	
3. Date of incorporation/qualification: 7/17/	Document number: 830470
4. The name and address of the current registered	agent and office:
CT Corporation System	
1200 South Pine Island Ro	gent and office: (P. O. Box Not Acceptable)
Plantation, FL 33324	gent and office: (P. O. Box Not Acceptable) No. 20 PM 10 PM
5. The name and address of the new registered ag	gent and office: (P. O. Box Not Acceptable)
Corporation Service Compa	ny 2. AT
1201 Hays Street	25 G
Tallahassee, FL 32301	
	he street address of the business office of its registered
Such change was authorized by resolution duly authorized by the board.	y adopted by its board of directors or by an officer so
Got Quanin H Stroise	, 5/20/98
(Signature of an officer, chairman or vice chairman of	of the board) (Date)
Kent P. Ainsworth , Secretary	
(Printed or typed name and title)	(Date)
I further agree to comply with the provisions o	accept service of process for the above stated as registered agent and agree to act in this capacity. If all statutes relative to the proper and complete ith and accept the obligation of my position as
(Signature of Registered Agent)	(Date) (Date)
If signing on behalf of an entity:	
Vivien Mitchell	Assistant Vice President
(Typed or Printed Name)	(Capacity)

CR2E045(3/96)