

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90156 041 ***158.75

DOCUMENT # 830470

1. Entity Name

URS CORPORATION GROUP CONSULTANTS

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-1980241

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **AS** ☐ Delete
 NAME **BRUMMERSTEDT, CAROL**
 STREET ADDRESS **100 CALIFORNIA ST**
 CITY-ST-ZIP **SAN FRANCISCO CA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **KOFFEL, MARTIN M**
 STREET ADDRESS **100 CALIFORNIA ST**
 CITY-ST-ZIP **SAN FRANCISCO CA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☒ Delete
 NAME **BLOOM, MARVIN J**
 STREET ADDRESS **100 CALIFORNIA ST**
 CITY-ST-ZIP **SAN FRANCISCO CA**

TITLE ☒ Change ☐ Addition
 NAME **SVY BLOOM, MARVIN J.**
 STREET ADDRESS **ONE PENN PLAZA 1STE 610**
 CITY-ST-ZIP **NEW YORK, NY 10119**

TITLE **PD** ☒ Delete
 NAME **ROSENSTEIN, IRWIN L**
 STREET ADDRESS **100 CALIFORNIA ST**
 CITY-ST-ZIP **SAN FRANCISCO CA**

TITLE ☒ Change ☐ Addition
 NAME **PD ROSENSTEIN, IRWIN L.**
 STREET ADDRESS **ONE PENN PLAZA, STE 610**
 CITY-ST-ZIP **NEW YORK, NY 10119**

TITLE **DVS** ☒ Delete
 NAME **AINSWORTH, KENT P**
 STREET ADDRESS **100 CALIFORNIA ST**
 CITY-ST-ZIP **SAN FRANCISCO CA**

TITLE ☒ Change ☐ Addition
 NAME **D/EVP/CTO AINSWORTH, KENT P.**
 STREET ADDRESS **100 CALIFORNIA ST., STE 500**
 CITY-ST-ZIP **SAN FRANCISCO, CA 94111**

TITLE **V** ☒ Delete
 NAME **TANZER, MARTIN S**
 STREET ADDRESS **100 CALIFORNIA ST**
 CITY-ST-ZIP **SAN FRANCISCO CA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

KRISTIN L. JONES, ASST. SECRETARY

1-16-02

415-774-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

- CONTINUED -

11. OFFICERS & DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS & DIRECTORS IN 11.	
Title Name Street Address City-State-ZIP	<input type="checkbox"/> Delete	1.1 Title 1.2 Name 1.3 Street Address 1.4 City-State-ZIP	SrV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tanzer, Martin S. One Penn Plaza, Suite 610 New York, NY 10119
Title Name Street Address City-State-ZIP	<input type="checkbox"/> Delete	2.1 Title 2.2 Name 2.3 Street Address 2.4 City-State-ZIP	V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Nelson, David C. 100 California St., Suite 500 San Francisco, CA 94111
Title Name Street Address City-State-ZIP	<input type="checkbox"/> Delete	3.1 Title 3.2 Name 3.3 Street Address 3.4 City-State-ZIP	SrV/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Geran, Francis J. One Mack Centre Drive Paramus, NJ 07652
Title Name Street Address City-State-ZIP	<input type="checkbox"/> Delete	4.1 Title 4.2 Name 4.3 Street Address 4.4 City-State-ZIP	SrV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Moutal, Harvey P. One Mack Centre Drive Paramus, NJ 07652
Title Name Street Address City-State-ZIP	<input type="checkbox"/> Delete	5.1 Title 5.2 Name 5.3 Street Address 5.4 City-State-ZIP	SrV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tillman, Raymond One Penn Plaza, Suite 610 New York, NY 10119
Title Name Street Address City-State-ZIP	<input type="checkbox"/> Delete	6.1 Title 6.2 Name 6.3 Street Address 6.4 City-State-ZIP	SrV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sands, Harvey One Penn Plaza, Suite 610 New York, NY 10119
Title Name Street Address City-State-ZIP	<input type="checkbox"/> Delete	7.1 Title 7.2 Name 7.3 Street Address 7.4 City-State-ZIP	EV/CFO/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ainsworth, Kent P. 100 California St., Suite 500 San Francisco, CA 94111
Title Name Street Address City-State-ZIP	<input type="checkbox"/> Delete	8.1 Title 8.2 Name 8.3 Street Address 8.4 City-State-ZIP	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Clancy, Thomas J. One Penn Plaza, Suite 610 New York, NY 10119
Title Name Street Address City-State-ZIP	<input type="checkbox"/> Delete	9.1 Title 9.2 Name 9.3 Street Address 9.4 City-State-ZIP	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Miller, Hugh W. 3676 Hartsfield Rd Tallahassee, FL 32303
Title Name Street Address City-State-ZIP	<input type="checkbox"/> Delete	10.1 Title 10.2 Name 10.3 Street Address 10.4 City-State-ZIP	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Masters, Joseph 100 California St., Suite 500 San Francisco, CA 94111
Title Name Street Address City-State-ZIP	<input type="checkbox"/> Delete	11.1 Title 11.2 Name 11.3 Street Address 11.4 City-State-ZIP	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jones, Kristin L. 100 California St., Suite 500 San Francisco, CA 94111
Title Name Street Address City-State-ZIP	<input type="checkbox"/> Delete	12.1 Title 12.2 Name 12.3 Street Address 12.4 City-State-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition