

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90071 036 ***150.00

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

4. FEI Number **11-1980241**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
BRUMMERSTEDT, CAROL
100 CALIFORNIA STREET SUITE 500
SAN FRANCISCO CA 94111** ☐ Delete

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SV
BLOOM, MARVIN J
ONE PENN PLAZA SUITE 610
NEW YORK NY 10119** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ROSENSTEIN, IRWIN L
ONE PENN PLAZA SUITE 610
NEW YORK NY 10119** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCFD
AINSWORTH, KENT P
100 CALIFORNIA ST SUITE 500
SAN FRANCISCO CA 94111** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
JONES, KRISTIN L
100 CALIFORNIA ST SUITE 500
SAN FRANCISCO CA 94111** ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-03

415.774.2700

CR2E034 (10/02)

Attachment

90004265

URS CORPORATION GROUP CONSULTANTS
Document Number **830470**

10. OFFICERS AND DIRECTORS

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete
NAME	MILLER, HUGH W.	
STREET ADDRESS	3676 Hartsfield Road.	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete
NAME	PEDALINO, PETER J.	
STREET ADDRESS	Mack-Cali Centre II, One Mack Centre Drive	
CITY-ST-ZIP	Paramus, NJ 07652	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, JAMES R.	
STREET ADDRESS	277 Bendix Road, Suite 500	
CITY-ST-ZIP	Virginia Beach, VA 23452	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINNIX, JEFFREY	
STREET ADDRESS	277 Bendix Road, Suite 500	
CITY-ST-ZIP	Virginia Beach, VA 23452	
TITLE	V/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, RICHARD	
STREET ADDRESS	Mack-Cali Centre II, One Mack Centre Drive	
CITY-ST-ZIP	Paramus, NJ 07652	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLUM, DAVID	
STREET ADDRESS	277 Bendix Road, Suite 500	
CITY-ST-ZIP	Virginia Beach, VA 23452	

Attachment
90004265

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	MASTERS, JOSEPH
STREET ADDRESS		STREET ADDRESS	100 California Street, Suite 500
CITY-ST-ZIP		CITY-ST-ZIP	San Francisco, CA 94111
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, DAVID C.	NAME	
STREET ADDRESS	100 California Street, Suite 500	STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA 94111	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SrV GERAN, FRANCIS	NAME	
STREET ADDRESS	Mack-Cali Centre II, One Mack Centre Drive	STREET ADDRESS	
CITY-ST-ZIP	Paramus, NJ 07652	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SrV MOUTAL, HARVEY P.	NAME	
STREET ADDRESS	Mack-Cali Centre II, One Mack Centre Drive	STREET ADDRESS	
CITY-ST-ZIP	Paramus, NJ 07652	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SrV TILLMAN, RAYMOND	NAME	
STREET ADDRESS	One Penn Plaza, Suite 610	STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10119	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SrV TANZER, MARTIN S.	NAME	
STREET ADDRESS	One Penn Plaza, Suite 610	STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10119	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V AMBROSIO, FRANK J.	NAME	
STREET ADDRESS	One Northway Lane	STREET ADDRESS	
CITY-ST-ZIP	Latham, NY 12110	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V CLANCY, THOMAS J.	NAME	
STREET ADDRESS	One Penn Plaza, Suite 610	STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10119	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V FEDUN, JOHN	NAME	
STREET ADDRESS	One Penn Plaza, Suite 610	STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10119	CITY-ST-ZIP	