FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 21, 2002 8:00 am Secretary of State 05-21-2002 90880 019 ***150.00

1. Entity Naπ			05-21	2002 90000 019 130.00		
AECOM :	INFRASTRUCTURE,	INC.				
DO NOT WRITE IN THIS SPACE					e ja terili aleksa. Yuntu tunt	
	Place of Business VARD MILL SQUAR	3. Mailing Address	MILL COUNT			
Suite, Apt.	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.	MIDD SQUA		TE IN THIS SPACE	
City & Stat	te	City & State		4. FEI Number	Applied For	
WAKEFI	ELD, MA	WAKÉFIELD,		95-4834083	Not Applicable \$8.75 Additional	
1 Zip 01880	Country USA	Zip 01880	Country USA	5. Certificate of Status Desired	d Fee Required	
			Name	7. Name and Address of Curren	t Registered Agent	
nam of I of the		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		RPORATION SYSTEM		
DO NOT WRITE Street Address 1200 SO				ess (P.O. Box Number is Not Accepte SOUTH PINE ISLAN	UTH PINE ISLAND ROAD	
	IN THIS SE	PACE				
			City	» CT CNI	FL Zip Code 33324	
9 The above	named entity submits this stateme	ent for the nursose of chan	pLANT.	ATTON or registered agent, or both, in the St		
o. The above	s named entity submits this stateme	-	ging to regions or since			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
		Ser Bright American Manufer Series	May 1 Fee is \$150.00		ngy DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After May 1 Fee Is \$550.00 10. Election Campaign Financing Trust Fund Contribution. Added to Fees						
	ria on back)	Make Check Pa	yable to Department of	f State	tion. Added to Fees	
11.	OFFICERS AND				ξ	
TITLE	PRESIDENT/DIRE JOHN E. SOMERV		NAME		CDSCORAB (1970)	
NAME STREET ADDRESS			STREET ADDRESS			
CITY - ST - ZIP	WAKEFIELD, MA	01880	CITY - ST - ZIP			
TITLE	VICE-PRESIDENT	an	TITLE			
NAME STREET ADDRESS	CHARLES E. POU. 701 B STREET,		NAME STREET ADDRESS			
CITY - ST - ZIP		92101	CITY - ST - ZBP			
TITLE	SECRETARY		me :			
NAME	DEBRA T. LAMBE	CK	NAMÉ			
STREET ADDRESS	515 SOUTH FLOW LOS ANGELES, C		STREET ADDRESS CITY - ST - ZIP	DO NOT	WRITE	
TITLE	TREASURER		TILE.	INTHIS	SPACE	
NAME	DENNIS J. MORR		NAME			
STREET ADDRESS			STREET ADDRESS			
CITY - ST - ZIP	WAKEFIELD, MA CHAIRMAN/DIREC	01880 TOR	TILE .			
NAME	RAYMOND W. HOLDSWORTH		NAME			
STREET ADDRESS	515 SOUTH FLOW	ER STREET	STREET ADORESS			
CITY - ST - ZIP	LOS ANGELES, C	A 90071	CITY - ST - ZIP		aperora ancios de la composición de la	
NAME	DIRECTOR ROBERT H. FISC	HER	TITLÉ			
STREET ADDRESS			00 street address			
CITY - ST - ZIP	CHICAGO, IL 6	0601	CITY - ST - ZIP		The contract of a Contract of the Contract of	
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 portation out he receives for trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name						
- Ill ha with my						
SIGNAT	URE: SIGNATURE AND TYPE OF	OR PRINTED NAME OF SIGNI	TREASURER NG OFFICER OR DIRECTO		02 (781)224-6183 Daytime Phone #	
	770.0			· · · · · · · · · · · · · · · · · · ·	•	