2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003735

Entity Name: AECOM INFRASTRUCTURE, INC.

FILED Apr 20, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
701 EDGEWATER DRIVE WAKEFIELD, MA 01880				515 SOUTH FLOWER STREET 4TH FLOOR LOS ANGELES, CA 90071			
Current Mailing Address:				New Mailing Address:			
701 EDGEWATER DRIVE WAKEFIELD, MA 01880			515 SOUTH FLOWER STREET 4TH FLOOR LOS ANGELES, CA 90071				
FEI Number:	95-4834083	FEI Number Applied For ()	FEI Nur	nber Not Appl	icable ()	Certificate of Sta	tus Desired (X)
Name and	Address of C	urrent Registered Agent:		Name and	Address of	New Registered	Agent:
1200 SOUT	ORATION SYS TH PINE ISLAN ON, FL 33324	ID ROAD					
The above in the State	named entity s of Florida.	ubmits this statement for the pu	irpose o	of changing i	ts registered	office or registere	ed agent, or both,
SIGNATUF	RE:						
	Electroni	c Signature of Registered Ager	nt			Date	
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title:	SOMERVILLE, J 701 EDGEWATE WAKEFIELD, M	ER DRIVE A 01880 Delete		Title: Name: Address: City-St-Zip: Title:	v o) Change ()Addition	
Name: Address: City-St-Zip:	POUND E, CH. 701 B STREET, SAN DIEGO, CA	SUITE 1100		Name: Address: City-St-Zip:	GASPERRO, I 515 SOUTH F LOS ANGELE	LOWER STREET	
Title: Name: Address: City-St-Zip:	LAMBECK, DEB 515 S. FLOWER	R ST. STE 1100		Title: Name: Address: City-St-Zip:	LAMBECK, DE 515 S. FLOW	ER ST. STE 1100	on
Title: Name: Address: City-St-Zip:	T () MORRISON, DE 701 EDGEWATE WAKEFIELD, M	NNIS J ER DRIVE		Title: Name: Address: City-St-Zip:	SHIMODA, WI	LOWER STREET	on
Title: Name: Address: City-St-Zip:	CD () HOLDSWORTH, 515 S. FLOWER LOS ANGELES,	R ST.		Title: Name: Address: City-St-Zip:	,		on
Title: Name: Address: City-St-Zip:	FISCHER, RÒB	R DRIVE, SUITE 600		Title: Name: Address: City-St-Zip:	() Change ()Addition	on

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WESLEY SHIMODA AS 04/20/2005