

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000001363**

1. Entity Name

AECOM MERGER CORPORATION



Principal Place of Business

555 SOUTH FLOWER STREET  
LOS ANGELES, CA 90071

Mailing Address

555 SOUTH FLOWER STREET, SUITE 3700  
4TH FLOOR  
LOS ANGELES, CA 90071



03182004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
75-2988014

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000100132  
03/31/04-80034-006 158.75

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME INCAUDO, JOSEPH  
STREET ADDRESS 555 SOUTH FLOWER STREET, SUITE 3700  
CITY- ST- ZIP LOS ANGELES, CA 90071

TITLE S  
NAME HUNTER, STEPHANIE A  
STREET ADDRESS 555 SOUTH FLOWER STREET, SUITE 3700  
CITY- ST- ZIP LOS ANGELES, CA 90071

TITLE TD  
NAME TONS, DENNIS W  
STREET ADDRESS 555 SOUTH FLOWER STREET, SUITE 3700  
CITY- ST- ZIP LOS ANGELES, CA 90071

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #