


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F02000001364
 1. Entity Name
 AECOM TECHNOLOGY CORPORATION



Principal Place of Business Mailing Address
 555 SOUTH FLOWER STREET, SUITE 3700 515 S. FLOWER ST., 4TH FLOOR
 LOS ANGELES, CA 90071 LOS ANGELES, CA 90071

DO NOT WRITE IN THIS SPACE



03182004 No Chg-P CR2E034 (10/03)

4. FEI Number 61-1088522	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000100135 03/31/04-80034-000 150.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLDSWORTH, RAYMOND W 515 S. FLOWER, 4TH FLOOR LOS ANGELES, CA 90071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP INCAUDO, JOSEPH 515 S. FLOWER, 4TH FLOOR LOS ANGELES, CA 90071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUNTER, STEPHANIE A 515 S. FLOWER, 4TH FLOOR LOS ANGELES, CA 90071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TONS, DENNIS W 515 S. FLOWER, 4TH FLOOR LOS ANGELES, CA 90071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SHIMODA, WESLEY 515 S. FLOWER, 4TH FLOOR LOS ANGELES, CA 90071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTIE, H. F 555 SOUTH FLOWER STREET, SUITE 3700 LOS ANGELES, CA 90071

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* _____ *3/22/04* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #