

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001364

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: AECOM TECHNOLOGY CORPORATION

**Current Principal Place of Business:**

555 SOUTH FLOWER STREET, SUITE 3700  
LOS ANGELES, CA 90071

**New Principal Place of Business:**

**Current Mailing Address:**

515 S. FLOWER ST., 4TH FLOOR  
LOS ANGELES, CA 90071

**New Mailing Address:**

FEI Number: 61-1088522      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HOLDSWORTH, RAYMOND W  
Address: 515 S. FLOWER, 4TH FLOOR  
City-St-Zip: LOS ANGELES, CA 90071

Title: VP ( ) Delete  
Name: INCAUDO, JOSEPH  
Address: 515 S. FLOWER, 4TH FLOOR  
City-St-Zip: LOS ANGELES, CA 90071

Title: S ( ) Delete  
Name: HUNTER, STEPHANIE A  
Address: 515 S. FLOWER, 4TH FLOOR  
City-St-Zip: LOS ANGELES, CA 90071

Title: T ( ) Delete  
Name: TONS, DENNIS W  
Address: 515 S. FLOWER, 4TH FLOOR  
City-St-Zip: LOS ANGELES, CA 90071

Title: AT ( ) Delete  
Name: SHIMODA, WESLEY  
Address: 515 S. FLOWER, 4TH FLOOR  
City-St-Zip: LOS ANGELES, CA 90071

Title: D ( ) Delete  
Name: CHRISTIE, H. F  
Address: 555 SOUTH FLOWER STREET, SUITE 3700  
City-St-Zip: LOS ANGELES, CA 90071

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

AT

04/25/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date