

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001364

FILED
Jan 21, 2008
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:

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

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 exemption stated in Chapter 119, 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

01/21/2008

Electronic Signature of Signing Officer or Director

_____ Date