2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9500001428

1. Entity Name

FILED
Jan 29, 2000 8:00 am
Secretary of State

URS GREINER WOODWARD-CLYDE LICENSING CORP.						01-29-2000 90033 047 ***158.75					
Principal Place	e of Business	Mailing Address	ailing Address								
100 CALIFORNIA	A ST	100 CALIFORNIA ST	100 CALIFORNIA ST								
500 SAN FRANCISCO CA 94111		500 SAN FRANCISCO CA 94111	500 SAN FRANCISCO CA 94111-4510				•	11		1	
US		US				1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	171 77 \$11 87 \$115 7 (4.14)	9m 4 m9	17.5.4	1 111 1 1 11 1	
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State	City & State		4.	. FEI Number 51-0341962				pplied For	
Zip	Country	Zip	Count	гу	5.	Certificate of	Status Desired	K	\$8.75 Ad Fee Require		
	6. Name and Address of Curren	t Registered Agent			7.	Name and Ad	dress of New Re	egistered	Agent		
			ĺ	Name		•					
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST				Street Addre	ss (P.O. B	Box Number is	Not Acceptable))		· ·	
	AHASSEE FL 32301		5								
ı	,		Ì	City				FL Zip Code			
P The shows	named entity submits this statement f	or the purpose of changing its	rogistere	d office or regi	stered an	ent or both in	n the State of Flo		- ,		
	, <u>, , , , , , , , , , , , , , , , , , </u>	e p p			J	, , ,					
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	E: Registered	Agent signature req	quired when re	einstating)		DATE			
9 This corpo	ration is eligible to satisfy its Intangible	e FILE NOW	W FEE I	S \$150 00		Ι					
Tax filing re	equirement and elects to do so.	After MAY 1, 20	After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St			ľ	on Campaign Fine Fund Contribution			DO May Be d to Fees	
11.	OFFICERS AND	DIRECTORS	12.		ΑC	DDITIONS/CH	ANGES TO OFFI	CERS AN	ID DIRECTOR	RS IN 11	
TITLE	AS	Delete	TITLE						☐ Change	☐ Addition	
NAME STREET ADDRESS	BRUMMERSTEDT, CAROL 100 CALIFORNIA ST STE 500		NAMÉ STREE	T ADDRESS							
CITY-ST-ZIP	SAN FRANCISCO CA			ST-ZIP							
TITLE	DPT	☐ Delete	TITLE						Change	☐ Addition	
NAME	JORGENSEN, CYNTHIA L		NAME								
STREET ADDRESS CITY-ST-ZIP	100 CALIFORNIA ST, STE 500	200		T ADDRESS ST-ZIP							
TITLE	SAN FRANCISCO CA 94111-45 SD	Delete	TITLE						☐ Change	 Addition	
NAME	garniewski, John P Jr	□ Delette	NAME								
STREET ADDRESS	2625 CONCORD PIKE		STREE	T ADDRESS							
CITY-ST-ZIP	WILMINGTON DE 19803		CiTY-	ST-ZIP							
TITLE		☐ Delete	TITLE	i i					☐ Change	☐ Addition	
NAME			NAME								
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP							
TITLE			TITLE	 					☐ Change	☐ Addition	
NAME		□ Delete	NAME						onge		
STREET ADDRESS			STREE	T ADDRESS							
CITY-ST-ZIP			CITY-	ST-ZIP							
TITLE		☐ Delete	TITLE						Change	☐ Addition	
NAME			NAME	i i							
STREET ADDRESS CITY-ST-ZIP	,	٠		T ADDRESS ST-ZIP							
	pertify that the information supplied with	th this filing does not qualify to			n Section	119 07(3)(i) 4	Florida Statutes 1	 further o	ertify that the	information	
indicated	on this report or supplemental report	is true and accurate and that r	my signati	ure shall have t	the same	legal effect as	if made under o	ath; that	am an office	r 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Carol Brummerstedt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR