

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 27 AM 10:31**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P34161** (0)  
1. Corporation Name  
**URS CONSULTANTS, INC. - COLORADO**

Principal Place of Business Mailing Address  
**100 CALIFORNIA STREET SAN FRANCISCO CA 94111**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/03/1991	08/10/1994
22		27		4. FEI Number	Applied For
23		28		84-0466054	Not Applicable
24		25		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ASS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUMMERSTEDT, CAROL	1.2 NAME	
STREET ADDRESS	100 CALIFORNIA ST., SUITE 500	1.3 STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO, CA	1.4 CITY - ST - ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOFFEL, MARTIN M.	2.2 NAME	
STREET ADDRESS	100 CALIFORNIA ST., #500	2.3 STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO CA	2.4 CITY - ST - ZIP	
TITLE	DP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENSTEIN, IRWIN L.	3.2 NAME	
STREET ADDRESS	100 CALIFORNIA ST., #500	3.3 STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO CA	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETTENGER, WILLIAM	4.2 NAME	
STREET ADDRESS	100 CALIFORNIA STREET STE 500	4.3 STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO, CA	4.4 CITY - ST - ZIP	
TITLE	DCS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AINSWORTH, KENT P.	5.2 NAME	
STREET ADDRESS	100 CALIFORNIA ST., #500	5.3 STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO CA	5.4 CITY - ST - ZIP	
TITLE	VP	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHMEUR, JOHN	6.2 NAME	Delete
STREET ADDRESS	100 CALIFORNIA ST., SUITE 500	6.3 STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO, CA 94111	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carol Brummerstedt* **Carol Brummerstedt** Assistant Secretary **3/14/95** (415) 774-2700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Might Vary)