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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **p34161** (0)

1. Corporation Name

URS GREINER WOODWARD-CLYDE
CONSULTANTS, INC. - COLORADO

Principal Place of Business

Mailing Address

100 California Street

(same)

Suite 500

San Francisco, CA 94111-4529

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

June 3, 1991

2. Principal Place of Business

2a. Mailing Address

21 100 California Street

26 same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 500

27

City & State

City & State

23 San Francisco, CA

28

Zip

Country

Zip

Country

24 94111

25

USA

29

30

4. FEI Number

84-0466054

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Corporation Service Company
1201 Hayes Street
Tallahassee, FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE SEE ATTACHED LIST ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered

SIGNATURE:

Carol Brummerstedt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol Brummerstedt
Assistant Secretary

Date

Daytime Phone #

CR2E034 (11/98)

P34161
599287-90001-49

URS GREINER WOODWARD-CLYDE CONSULTANTS, INC. - COLORADO (Document #P34161)

12. OFFICERS & DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS & DIRECTORS IN 12	
Title	D <input type="checkbox"/> Delete	1.1 Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Name	Koffel, Martin M.	1.2 Name	
Street Address	100 California Street, Suite 100	1.3 Street Address	
City-State-ZIP	San Francisco, CA 94111	1.4 City-State-ZIP	
Title	DP <input type="checkbox"/> Delete	2.1 Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Name	Rosenstein, Irwin L.	2.2 Name	
Street Address	Mack Centre II, Mack Centre Drive	2.3 Street Address	
City-State-ZIP	Paramus, NJ 07652	2.4 City-State-ZIP	
Title	AS <input type="checkbox"/> Delete	3.1 Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Name	Brummerstedt, Carol	3.2 Name	
Street Address	100 California Street, Suite 500	3.3 Street Address	
City-State-ZIP	San Francisco, CA 94111	3.4 City-State-ZIP	
Title	V <input type="checkbox"/> Delete	4.1 Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Name	Ettenger, William G.	4.2 Name	
Street Address	4582 S. Ulster Street, Suite 600	4.3 Street Address	
City-State-ZIP	Denver, CO 80237	4.4 City-State-ZIP	
Title	D/C <input type="checkbox"/> Delete	5.1 Title	D/EVP/CFO/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Name	Ainsworth, Kent P.	5.2 Name	Ainsworth, Kent P.
Street Address	100 California Street, Suite 500	5.3 Street Address	100 California Street, Suite 500
City-State-ZIP	San Francisco, CA 94111	5.4 City-State-ZIP	San Francisco, CA 94111
Title	<input type="checkbox"/> Delete	6.1 Title	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name		6.2 Name	Ewing, Ronald L.
Street Address		6.3 Street Address	7878 No. 16 th Street, Suite 200
City-State-ZIP		6.4 City-State-ZIP	Phoenix, AZ 85020
Title	<input type="checkbox"/> Delete	7.1 Title	V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name		7.2 Name	Jorgensen, Cynthia
Street Address		7.3 Street Address	100 California Street, Suite 500
City-State-ZIP		7.4 City-State-ZIP	San Francisco, CA 94111
Title	<input type="checkbox"/> Delete	8.1 Title	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name		8.2 Name	Masters, Joseph
Street Address		8.3 Street Address	100 California Street, Suite 500
City-State-ZIP		8.4 City-State-ZIP	San Francisco, CA 94111
Title	<input type="checkbox"/> Delete	9.1 Title	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name		9.2 Name	Staible, Thomas
Street Address		9.3 Street Address	1099 18 th Street, Suite 710
City-State-ZIP		9.4 City-State-ZIP	Denver, CO 80202
Title	<input type="checkbox"/> Delete	10.1 Title	V/Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name		10.2 Name	Pedalino, Peter J.
Street Address		10.3 Street Address	Mack Centre II, Mack Centre Drive
City-State-ZIP		10.4 City-State-ZIP	Paramus, NJ 07652
Title	<input type="checkbox"/> Delete	11.1 Title	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name		11.2 Name	Mehalko, Mark
Street Address		11.3 Street Address	8415 Explorer Drive, Suite 110
City-State-ZIP		11.4 City-State-ZIP	Colorado Springs, CO 80920