

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90121 022 \*\*\*158.75

**DOCUMENT # P34161**  
 1. Entity Name  
**URS GREINER WOODWARD-CLYDE CONSULTANTS, INC. -CO**

Principal Place of Business <b>100 CALIFORNIA STREET          STE 500          SAN FRANCISCO CA 94111          US</b>	Mailing Address <b>100 CALIFORNIA STREET          STE 500          SAN FRANCISCO CA 94111          US</b>
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**C0017829**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>84-0466054</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYES ST  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>BRUMMERSTEDT, CAROL</b> <b>100 CALIFORNIA ST., SUITE 500</b> <b>SAN FRANCISCO CA 94111</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KOFFEL, MARTIN M.</b> <b>100 CALIFORNIA ST., #500</b> <b>SAN FRANCISCO CA 94111</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>ROSENSTEIN, IRWIN L.</b> <b>100 CALIFORNIA ST., #500</b> <b>PARAMUS NJ 07652</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ETTENGER, WILLIAM</b> <b>100 CALIFORNIA STREET STE 500</b> <b>DENVER CO 80237</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS</b> <b>AINSWORTH, KENT P.</b> <b>100 CALIFORNIA ST., #500</b> <b>SAN FRANCISCO CA 94111</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>PEDALINO, PETER</b> <b>MACK CTR II, MACK CENTRE DR</b> <b>PARAMUS NJ 07652</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <i>see attached list</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with another life empowered.

SIGNATURE **JOSEPH MASTERS**  
 VICE PRESIDENT  
 Date **1-26-01** Daytime Phone # **415-774-2700**

CR2E034 (10/00)

Attachment  
D# P34161  
C0017829

11. OFFICERS & DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS & DIRECTORS IN 11	
Title Name Street Address City-State-ZIP	<input type="checkbox"/> Delete	1.1 Title 1.2 Name 1.3 Street Address 1.4 City-State-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-State-ZIP	V/T <input checked="" type="checkbox"/> Delete	2.1 Title 2.2 Name 2.3 Street Address 2.4 City-State-ZIP	V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Street Address City-State-ZIP	<input type="checkbox"/> Delete	3.1 Title 3.2 Name 3.3 Street Address 3.4 City-State-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-State-ZIP	V <input type="checkbox"/> Delete	4.1 Title 4.2 Name 4.3 Street Address 4.4 City-State-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-State-ZIP	V <input type="checkbox"/> Delete	5.1 Title 5.2 Name 5.3 Street Address 5.4 City-State-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-State-ZIP	Asst S <input type="checkbox"/> Delete	6.1 Title 6.2 Name 6.3 Street Address 6.4 City-State-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-State-ZIP	<input type="checkbox"/> Delete	7.1 Title 7.2 Name 7.3 Street Address 7.4 City-State-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-State-ZIP	<input type="checkbox"/> Delete	8.1 Title 8.2 Name 8.3 Street Address 8.4 City-State-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-State-ZIP	<input type="checkbox"/> Delete	9.1 Title 9.2 Name 9.3 Street Address 9.4 City-State-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-State-ZIP	<input type="checkbox"/> Delete	10.1 Title 10.2 Name 10.3 Street Address 10.4 City-State-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-State-ZIP	<input type="checkbox"/> Delete	11.1 Title 11.2 Name 11.3 Street Address 11.4 City-State-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-State-ZIP	<input type="checkbox"/> Delete	12.1 Title 12.2 Name 12.3 Street Address 12.4 City-State-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition