

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

**CORPORATION
ANNUAL REPORT
1995**



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

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

DOCUMENT # P94000068300 (0)

1. Corporation Name

URS CONSULTANTS, INC. - OPERATING AND MAINTENANCE SERVICES

Principal Place of Business

Mailing Address

100 CALIFORNIA ST., SUITE 500
SAN FRANCISCO CA 94111

100 CALIFORNIA ST., SUITE 500
SAN FRANCISCO CA 94111

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

09/16/1994

4. FEI Number

22-3342095

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 100 California Street

26 100 California Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 500

27 Suite 500

City & State

City & State

23 San Francisco, California

28 San Francisco, California

Zip

Country

Zip

Country

24 94111

25 U.S.

29 94111

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEMS
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.1504, 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 607.0502, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Registered Agent's Representative)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	President and Director
12.2 NAME	Irwin L. Rosenstein
12.3 STREET ADDRESS	100 California Street, Suite 500
12.4 CITY, ST, ZIP	San Francisco, California 94111
12.5 TITLE	Director
12.6 NAME	Martin M. Koffel
12.7 STREET ADDRESS	100 California Street, Suite 500
12.8 CITY, ST, ZIP	San Francisco, California 94111
12.9 TITLE	Director, Chief Financial Officer and Secretary
12.10 NAME	Kent P. Ainsworth
12.11 STREET ADDRESS	100 California Street, Suite 500
12.12 CITY, ST, ZIP	San Francisco, California 94111
12.13 TITLE	Vice President
12.14 NAME	Hugh W. Miller, Jr.
12.15 STREET ADDRESS	100 California Street, Suite 500
12.16 CITY, ST, ZIP	San Francisco, California 94111
12.17 TITLE	Assistant Secretary
12.18 NAME	Carol Brummerstedt
12.19 STREET ADDRESS	100 California Street, Suite 500
12.20 CITY, ST, ZIP	San Francisco, California 94111
12.21 TITLE	Treasurer
12.22 NAME	Peter Pedalino
12.23 STREET ADDRESS	100 California Street, Suite 500
12.24 CITY, ST, ZIP	San Francisco, California 94111

13.1 TITLE	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	
13.17 TITLE	☐ Change ☐ Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(2)(b), 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 treasurer or business representative responsible to complete this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

Carol Brummerstedt

*Carol Brummerstedt (415) 774-2700
Assistant Secretary 3/14/95*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Signature of Treasurer)