

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000068300 (0)

1. Corporation Name

URS CONSULTANTS, INC. - FLORIDA



Principal Place of Business

100 CALIFORNIA STREET
SUITE 500
SAN FRANCISCO CA 94111
US

Mailing Address

100 CALIFORNIA STREET
SUITE 500
SAN FRANCISCO CA 94111
US

3. Date Incorporated or Qualified
09/16/1994

3a. Date of Last Report
03/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

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

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 607.1508, 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROSENSTEIN, IRWIN L	
STREET ADDRESS	100 CALIFORNIA STREET, SUITE 500	
CITY-STATE-ZIP	SAN FRANCISCO CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOFFEL, MARTIN M	
STREET ADDRESS	100 CALIFORNIA STREET, SUITE 500	
CITY-STATE-ZIP	SAN FRANCISCO CA	
TITLE	DCOS	<input type="checkbox"/> DELETE
NAME	AINSWORTH, KENT P	
STREET ADDRESS	100 CALIFORNIA STREET, SUITE 500	
CITY-STATE-ZIP	SAN FRANCISCO CA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MILLER, HUGH W JR	
STREET ADDRESS	100 CALIFORNIA STREET, SUITE 500	
CITY-STATE-ZIP	SAN FRANCISCO CA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BRUMMERSTEDT, CAROL	
STREET ADDRESS	100 CALIFORNIA STREET, SUITE 500	
CITY-STATE-ZIP	SAN FRANCISCO CA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PEDALINO, PETER	
STREET ADDRESS	100 CALIFORNIA STREET, SUITE 500	
CITY-STATE-ZIP	SAN FRANCISCO CA	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 119.07(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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol Brummerstedt

Date

Daytime Phone #

(415)
774-2700

CR2E034 (12/95)