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FILED

May 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 94111-4510  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

09/16/1994

3a. Date of Last Report

03/13/1996

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

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

10. Name and Address of New Registered Agent

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 re-appointing)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

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

Carol Brummerstedt

5/6/97 415-774-2700  
Date Daytime Phone #

0602350

CR2E034 (9/96)