PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400068300

1. Corporation Name

URS CONSULTANTS, INC. - FLORIDA

Principal Place	e of Business	Mailing A	aoress								
100 CALIFORNIA STREET 500, 100 CALIFORNIA STREE			ΞT	Г							
SUITE 500 SAN FRANCISCO CA 94111								DO NOT WRITE IN THIS SPACE			
SAN FRANCISCO CA 94111							-	3. Date Incorporated or Qualifer			
US							J	09/16/1994	-		
5 5 4 4 15	i a contract	20 14-10-	- Address					4. FEI Number			Applied For
2. Principal Pi	lace of Business	2a. Mailing	g Address							<u> </u>	Not Applicable
21		26						22-3342095			
Suite, Apt.	#, etc.		Apt. #, etc.					5. Certifcate of Status Desired	X	•	Additional Required
22		27									
City & State	e ,	— ·	City & State				1	6. Election Campaign Financing	<u> </u>	•	May Be
23		28			<u></u>			Trust Fund Contribution			to Fees
Zip	Country	Zip	r	_	untry			 This corporation owes the cu 	rrent year In		57 A.L.
24	25	29		30	,			Personal Property Tax.		☐ Yes	⊠ No
	9. Name and Address of Curre	ent Registered A	\gent		 		1	0. Name and Address of New	Registered	Agent	
					81	Name					
CORPORATION SERVICE COMPANY					82	Street A	Address	(P.O. Box Number is Not Accep	table)		
1201 HAYS STREET						040017	, (00,000		,		
TALL	AHASSEE FL 32301-2525				83						
	• •									11-	
•					84	City			FI	85 Zi	Code
44 5	to the provisions of Sections 607.05	02 and 607 150	Elosido Statuto	e the	above	-named c	comorat	ion submits this statement for th	e purpose o	f changing i	ts registered
office or r	enistered agent, or both, in the State	e of Florida. Suci	h change was au	tnonze	ed by	tne corpoi	oration's	board of directors. I hereby according	ept the appo	intment as	registered
agent. I a	m familiar with, and accept the oblig	gations of, Sectio	n 607.0505, Flori	da Sta	tutes.						
SIGNATURE											
	Stgnature, typed or printed name of registered ag					signature rec	required whe	en reinstating) ADDITIONS/CHANGES TO O	DATE EFICEDS A	NO DIRECT	TOPS IN 12
12.		ND DIRECTORS		13.			ı	ADDITIONS/CHANGES TO O	FFICERS A	Change	
TITLE (PD		☐ DELETE	ı	TILE					□ Change	
NAME	Rosenstein, Irwin L			1.2 N	AME						
STREET ADDRESS	100 California Street, Sl	JITE 500		1.3 5	TREET	ADDRESS					
CITY-ST-ZIP	SAN FRANCISCO CA			1,4 (TY-ST	-ZIP	1				
TITLE	D		☐ DELETE	2.1 T	ITLE					Chang	⊕
NAME	KOFFEL, MARTIN M			221	NAME						
	100 CALIFORNIA STREET, SU	IITE SOO		1		ADDRESS					
STREET ADORESS		ALE 200		-		- 1					
CITY-\$T-ZIP	SAN FRANCISCO CA	<u></u>	C) pri cre	_	CITY-S	T-ZIP				Change	e
TITLE	DSV		DELETE		TITLE						
NAME	AINSWORTH, KENT P			3.21	VAME						
STREET ADDRESS	100 California Street, Su	JITE 500		3.3 9	STREET	ADDRESS	ļ				
CITY-ST-ZIP	SAN FRANCISCO CA			3.4	CITY:5	T-ZIP					
TITLE	VP		☐ DELETE	4.1 7	TITLE		1			Chang	e 🗀 Additio
NAME	MILLER, HUGH W JR			4.2	NAME						
STREET ADDRESS	100 CALIFORNIA STREET, SU	JITE 500	-	4.3 5	STREET	ADDRESS					
	SAN FRANCISCO CA				CITY-ST						
CITY-ST-ZIP	 		T DELETE		MTLE		†			☐ Chang	e Additio
TITLE	AS CAPOL		ے تحدید		NAME						_
NAME	BRUMMERSTEDT, CAROL					******					
STREET ADDRESS	1 144 41 1	JITE 500				ADDRESS					
CITY-ST-ZIP	SAN FRANCISCO CA			_	CITY-SI						
TITLE	T		DELETE	6.11	TTLE	1	TIV			☐ Change	e 🔀 Additio
NAME	PEDALINO, PETER			6.21	MAME	į (CYNI	HIA JORGENSEN		E 600	
STREET ADDRESS		IITE 500		6.3 5	STREET	ADDRESS	100	CALIFORNIA STREE	ת, אטניו	, = 300	

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.

CAPOL BRUMMERSTEDT,

6.4 CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS 100 CALIFORNIA STREET, SUITE 500

SAN FRANCISCO CA

ASSISTANT SECRETARY INTED NAME OF SIGNING OFFICER OR DIRECTOR

SAN FRANCISCO,

OA 94111

415.774-2700

FILED Mar 29, 1999 8:00 am

Secretary of State

03-29-1999 90117 029 *****8.75

03-29-1999 90117 030 ***150.00