


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90031 010 ***158.75

DOCUMENT # P99000107799 1. Entity Name URS CONSTRUCTION SERVICES, INC.					
Principal Place of Business 600 MONTGOMERY ST. 25TH FLR. SAN FRANCISCO, CA 94111			Mailing Address 100 CALIFORNIA STREET., STE 500 SAN FRANCISCO, CA 94111		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 600 MONTGOMERY STREET Suite, Apt. #, etc. 25th FLOOR			
City & State Zip		City & State SAN FRANCISCO, CA Zip 94111		4. FEI Number 59-3662286	
Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JANDEGIAN, GARY V <input type="checkbox"/> Delete 600 MONTGOMERY ST., 25TH FLR. SAN FRANCISCO, CA 94111		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MASTERS, JOSEPH <input type="checkbox"/> Delete 600 MONTGOMER ST., 25TH FLR. SAN FRANCISCO, CA 94111		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AINSWORTH, KENT P <input checked="" type="checkbox"/> Delete 600 MONTGOMERY ST., 25TH FLR. SAN FRANCISCO, CA 94111		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BALTER, EUGENE <input type="checkbox"/> Delete 7650 W. COURTNEY CAMPBELL CSWY TAMPA, FL 33607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEGMAN, CHARLES B <input type="checkbox"/> Delete 5100 N.W. 33RD AVENUE., SUITE 155 FT LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			KRISTIN L. JONES, ASSISTANT SECRETARY Date: 3-20-06 Daytime Phone #: 774-2700		

40038317



ATTACHMENT

40038317

URS CONSTRUCTION SERVICES, INC.
Document Number P99000107799

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	V/CFO/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	HICKS, H. THOMAS
STREET ADDRESS		STREET ADDRESS	600 Montgomery Street, 25th Floor
CITY-ST-ZIP		CITY-ST-ZIP	San Francisco, CA 94111
TITLE	<input type="checkbox"/> Delete	TITLE	SrV/Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	LEAHY, MARTIN
STREET ADDRESS		STREET ADDRESS	600 Montgomery Street, 25th Floor
CITY-ST-ZIP		CITY-ST-ZIP	San Francisco, CA 94111
TITLE	SrV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, THOMAS W.	NAME	
STREET ADDRESS	600 Montgomery Street, 25th Floor	STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA 94111	CITY-ST-ZIP	
TITLE	SrV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLEN, ROBERT M.	NAME	
STREET ADDRESS	7650 West Courtney Campbell Causeway	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33607	CITY-ST-ZIP	
TITLE	SrV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOGAN, THOMAS	NAME	
STREET ADDRESS	7800 Congress Avenue, Suite 200	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33487	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDALINO, PETER	NAME	
STREET ADDRESS	Mack-Calii Centre II, One Mack Centre Drive	STREET ADDRESS	
CITY-ST-ZIP	Paramus, NJ 07652	CITY-ST-ZIP	
TITLE	V/T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODGERS, JUDY L.	NAME	
STREET ADDRESS	600 Montgomery Street, 25th Floor	STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA 94111	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, HUGH W.	NAME	
STREET ADDRESS	3676 Hartsfield Road	STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32303	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUMMERSTEDT, CAROL	NAME	
STREET ADDRESS	600 Montgomery Street, 25th Floor	STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA 94111	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, KRISTIN L.	NAME	
STREET ADDRESS	600 Montgomery Street, 25th Floor	STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA 94111	CITY-ST-ZIP	

ATTACHMENT

40038317

URS CONSTRUCTION SERVICES, INC.
Document Number P99000107799

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	AS <input checked="checked" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPERATO, MICHAEL	NAME	
STREET ADDRESS	7650 West Courtney Campbell Causeway	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33607	CITY-ST-ZIP	