

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 828149

FILED
Apr 30, 2009
Secretary of State

Entity Name: AECOM SERVICES, INC.

Current Principal Place of Business:

515 SOUTH FLOWER STREET
4TH FLOOR
LOS ANGELES, CA 90071

New Principal Place of Business:

Current Mailing Address:

515 SOUTH FLOWER STREET
4TH FLOOR
LOS ANGELES, CA 90071

New Mailing Address:

FEI Number: 95-2084998 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LANDY, RAYMOND
Address: 515 SOUTH FLOWER STREET
City-St-Zip: LOS ANGELES, CA 90071

Title: SVP () Delete
Name: MILLER, ROBYN
Address: 515 SOUTH FLOWER STREET
City-St-Zip: LOS ANGELES, CA 90071

Title: TVP () Delete
Name: DESLATTÉ, DENNIS
Address: 999 TOWN & COUNTRY RD.
City-St-Zip: ORANGE, CA 92868

Title: VP () Delete
Name: CRUZ, JESUS
Address: 800 DOUGLAS ENTRANCE, 2ND FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: PRIN () Delete
Name: NEWBERRY, DEAN
Address: 800 DOUGLAS ENTRANCE
City-St-Zip: CORAL GABLES, FL 33134

Title: VP () Delete
Name: HUNT, WILLIAM R
Address: 800 DOUGLAS ENTRANCE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: WAYMIRE, DANA
Address: 150 CHESTNUT STREET
City-St-Zip: SAN FRANCISCO, CA 94111

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBYN MILLER

SVP

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date