

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 828149

FILED
Apr 14, 2012
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:

515 S. FLOWER STREET
4TH FLOOR
LOS ANGELES, CA 90071 US

Current Mailing Address:

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

New Mailing Address:

515 S. FLOWER STREET
4TH FLOOR
LOS ANGELES, CA 90071 US

FEI Number: 95-2084998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

OFFICERS AND DIRECTORS:

Title: P
Name: KONVICKA, ALBERT J P
Address: 515 S. FLOWER STREET 4TH FLOOR
City-St-Zip: LOS ANGELES, CA 90071 US

Title: VP
Name: DESLATTE, DENNIS A VP
Address: 515 S. FLOWER STREET 4TH FLOOR
City-St-Zip: LOS ANGELES, CA 90071 US

Title: CFO
Name: DESLATTE, DENNIS A CFO
Address: 515 S. FLOWER STREET 4TH FLOOR
City-St-Zip: LOS ANGELES, CA 90071 US

Title: SECD
Name: MILLER, ROBYN L SECD
Address: 515 S. FLOWER STREET 4TH FLOOR
City-St-Zip: LOS ANGELES, CA 90071 US

Title: D
Name: BISCOTTE, MICHAEL N D
Address: 515 S. FLOWER STREET 4TH FLOOR
City-St-Zip: LOS ANGELES, CA 90071 US

I hereby 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 all other like empowered.

SIGNATURE: LAURA LOUIS

POA

04/14/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date