

**2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jul 02, 2012  
Secretary of State**

DOCUMENT# 828149

Entity Name: AECOM SERVICES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

515 S. FLOWER STREET  
10TH FLOOR  
LOS ANGELES, CA 90071 US

**Current Mailing Address:**

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

**New Mailing Address:**

515 S. FLOWER STREET  
10TH FLOOR  
LOS ANGELES, CA 90071 US

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

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: CASTRO, RANDY  
Address: 1360 PEACHTREE STREET  
City-St-Zip: ATLANTA, GA 30309 US

Title: TCFO  
Name: DESLATTE, DENNIS  
Address: 999 TOWN AND COUNTRY ROAD  
City-St-Zip: ORANGE, CA 92868 US

Title: SVPS  
Name: MILLER, ROBYN  
Address: 515 S. FLOWER STREET 10TH FLOOR  
City-St-Zip: LOS ANGELES, CA 90071 US

Title: PRIN  
Name: KERWIN, MICHAEL  
Address: 800 DOUGLAS ENTRANCE 2ND FLOOR  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VP  
Name: HUNT, WILLIAM R  
Address: 800 DOUGLAS ENTRANCE 2ND FLOOR  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: AVP  
Name: BONILLA, EMILIO  
Address: 800 DOUGLAS ENTRANCE 2ND FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

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: ROBYN MILLER

SVPS

07/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date