

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001384

FILED
Jan 07, 2015
Secretary of State
CC7366705185

Entity Name: URS PROFESSIONAL SOLUTIONS LLC

Current Principal Place of Business:

2131 S. CENTENNIAL AVENUE, SE
AIKEN, SC 29803

Current Mailing Address:

9400 AMBERGLEN BLVD.
ATTN: KRISTIN JONES
AUSTIN, TX 78729 US

FEI Number: 82-0510442

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Authorized Person(s) Detail :

Title MGR
Name HARBOR, KENNETH L
Address 106 NEWBERRY STREET, S.W.
City-State-Zip: AIKEN SC 29801

Title MGR
Name HOLLAN, DAVID E
Address 106 NEWBERRY STREET, S.W.
City-State-Zip: AIKEN SC 29801

Title MGR
Name TAYLOR, JAMES N
Address 106 NEWBERRY STREET, S.W.
City-State-Zip: AIKEN SC 29801

Title AUTHORIZED REPRESENTATIVE
Name JONES, KRISTIN L
Address 9400 AMBERGLEN BLVD.
ATTN: KRISTIN JONES
City-State-Zip: AUSTIN TX 78729

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KRISTIN L. JONES

**AUTHORIZED
REPRESENTATIVE**

01/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date