2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 26, 2016
Secretary of State
CC1856028733

Entity Name: JACOBS PROJECT MANAGEMENT CO.

Current Principal Place of Business:

155 NORTH LAKE AVENUE
PASADENA, CA 91101

Current Mailing Address:

ATTN: TAX DEPT. P.O. BOX 7084
PASADENA, CA 91109-7084

FEI Number: 35-2321289

Certificate of Status Desired: Yes

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

Officer/Director Detail :

Title	D
Name	STASSI, PHILIP J
Address	155 NORTH LAKE AVENUE
City-State-Zip:	PASADENA CA 91101

Title	S
Name	TYLER, MICHAEL R
Address	155 NORTH LAKE AVENUE
City-State-Zip:	PASADENA CA 91101

Title	ASSISTANT SECRETARY
Name	BANTE, MICHAEL J.
Address	155 NORTH LAKE AVENUE
City-State-Zip:	PASADENA CA 91101

Title	ASSISTANT TREASURER
Name	GOLDFARB, JEFFREY M.
Address	155 NORTH LAKE AVENUE
City-State-Zip:	PASADENA CA 91101

Title	T
Name	BERRYMAN, KEVIN C.
Address	155 NORTH LAKE AVENUE
City-State-Zip:	PASADENA CA 91101

Title	VP
Name	MCCALLISTER, SCOTT
Address	3161 MICHELSON DRIVE, SUITE 500
City-State-Zip:	IRVINA CA 92612

Title	VP, DIRECTOR
Name	POGREBA, EDWARD A.
Address	1100 N. GLEBE ROAD, 5TH FLOOR
City-State-Zip:	ARLINGTON VA 22201

Title	ASST. TREASURER
Name	SANDERS, GEOFFREY
Address	155 NORTH LAKE AVENUE
City-State-Zip:	PASADENA CA 91101

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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: GEOFFREY SANDERS ASSISTANT TREASURER 04/26/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	ASSISTANT SECRETARY
Name	REFINSKI, ELIZABETH A
Address	299 MADISON AVE
City-State-Zip:	MORRISTOWN NJ 07960

Title	DIRECTOR
Name	MANDEL, JOSEPH G.
Address	5995 ROGERDALE ROAD
City-State-Zip:	HOUSTON TX 77072