

| No. C 96734 | | Due no later than Nov 30, 2012 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-------------------|--|-------------|--|---------|--|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. AECOM SERVICES, INC. 515 S FLOWER ST 4TH FL LOS ANGELES CA 90071 USA | | CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA | | | |
| | | | | | | 3. <u>New</u> Registered Agent Signature:* | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional). | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| DIRECTOR | JONATHAN MILLER | 515 S FLOWER ST | LOS ANGELES | CA | USA | 90071 | |
| DIRECTOR | PAUL D. STEINKE | 515 S FLOWER ST | LOS ANGELES | CA | USA | 90071 | |
| TREASURER | DENNIS A DESLATTE | 515 S FLOWER ST 4TH FL | LOS ANGELES | CA | USA | 90071 | |
| SECRETARY | ROBYN L MILLER | 515 S FLOWER ST | LOS ANGELES | CA | USA | 90071 | |
| PRESIDENT | RANDY CASTRO | 515 S FLOWER ST 4TH FL | LOS ANGELES | CA | USA | 90071 | |
| 5. Organized Under the Laws of: CA C 96734 | | 6. Annual Report must be signed.* Signature: Laura Louis Name (type or print): Laura Louis | | | | | |
| | | Date: 09/28/2012 Title: Poa | | | | | |
| Processed 09/28/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | | |