No. C 96734		Due no later than Nov 30, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. AECOM SERVICES, INC. 515 S. FLOWER STREET 4TH FLOOR LOS ANGELES CA 90071		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*			
		4. Corporations: Ente	er Names and Busin	ess Addresses of Pres	ident, Secretary, and Directors. Treasurer	(optional).	
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	BRIAN SCOT	T WATERS	515 S. FLOWER STREET 4TH FLOOR	LOS ANGELES	CA	USA	90071
DIRECTOR	DIRECTOR JOHN SPYHALSKI		515 S. FLOWER STREET 4TH FLOOR	LOS ANGELES	CA	USA	90071
DIRECTOR CHUCK MALACARNE		ACARNE	515 S. FLOWER STREET 4TH FLOOR	LOS ANGELES	CA	USA	90071
TREASURER	REASURER DENNIS A DESLATTE		515 S. FLOWER STREET 4TH FLOOR	LOS ANGELES	CA	USA	90071
SECRETARY	KEVIN JAMES STUBBLEBINE		515 S. FLOWER STREET 4TH FLOOR	LOS ANGELES	CA	USA	90071
PRESIDENT	RANDY CAS	TRO	515 S. FLOWER STREET 4TH FLOOR	LOS ANGELES	CA	USA	90071
5. Organized Under the Laws of: 6. Ann		6. Annual Report mu	5. Annual Report must be signed.*				
CA C 96734		Signature: Michelle Donato			Date: 09/30/2015		
		Name (type or pri	Title: POA				
Processed 09/30/201	.5	* Electronically provid	ed signatures are accepted as original sig	natures.			