

1.) CORPORATION NAME: AECOM USA, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: NY	DUE DATE: 3/31/2014 SCC ID NO: F0249948 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
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6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 605 Third Avenue CITY/ST/ZIP: New York, NY 10158

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: IRA A. LEVY TITLE: PRESIDENT/COO ADDRESS: 605 Third Ave CITY/ST/ZIP/CO: New York, NY 10158	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT K. ORLIN TITLE: VP/SECRETARY ADDRESS: 605 3rd Avenue CITY/ST/ZIP/CO: New York, NY 10158	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ACHAIBAR L. SAWH TITLE: VP/CFO/TREAS ADDRESS: 605 3rd Avenue CITY/ST/ZIP/CO: New York, NY 10158	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ROBYN L MILLER TITLE: SVP ADDRESS: 515 S Flower Street CITY/ST/ZIP/CO: Los Angeles, CA 90071	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ROBYN L MILLER	ROBYN L MILLER, SVP	1/30/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.