

1.) CORPORATION NAME:

AECOM Services, Inc.

DUE DATE: **8/31/2011**

SCC ID NO: **F0584468**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 515 S. FLOWER STREET
4TH FLOOR

CITY/ST/ZIP: LOS ANGELES, CA 90071-

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: PAUL D STEINKE
TITLE: DIRECTOR
ADDRESS: 515 S. FLOWER STREET
4TH FLOOR
CITY/ST/ZIP/CO: LOS ANGELES, CA 90071-

OFFICER DIRECTOR

NAME: ALBERT J KONVICKA
TITLE: P/CEO
ADDRESS: 515 S. FLOWER STREET
4TH FLOOR
CITY/ST/ZIP/CO: LOS ANGELES, CA 90071-

OFFICER DIRECTOR

NAME: JONATHAN MILLER
TITLE: VP/DIR
ADDRESS: 515 S. FLOWER STREET
4TH FLOOR
CITY/ST/ZIP/CO: LOS ANGELES, CA 90071-

OFFICER DIRECTOR

NAME: ROBYN L MILLER
TITLE: SVP/Gen Counsel
ADDRESS: 515 S. FLOWER STREET
4TH FLOOR
CITY/ST/ZIP/CO: LOS ANGELES, CA 90071-

OFFICER DIRECTOR

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DENNIS A DESLATTE	
TITLE:	CFO/VP	
ADDRESS:	515 S. FLOWER STREET	
	4TH FLOOR	
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90071-	

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.

<u>/s/ ROBYN L MILLER</u>	ROBYN L MILLER, SVP/Gen	<u>8/16/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>Counsel</u> 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.