

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214533374

1.) CORPORATION NAME:

AECOM Services, Inc.

DUE DATE: **8/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0584468**

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RANDY CASTRO	
TITLE:	PRESIDENT/CEO	
ADDRESS:	515 S. FLOWER STREET 4TH FLOOR	
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90071	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	EDWARD L. JANNEY	
TITLE:	VICE PRESIDENT	
ADDRESS:	515 S. FLOWER STREET 4TH FLOOR	
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90071	

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

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ROBYN L MILLER	
TITLE:	SVP/SECRETARY	
ADDRESS:	515 S FLOWER STREET LOS ANGELES, CA 90071	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JONATHAN MILLER	
TITLE:	DIRECTOR	
ADDRESS:	515 S. FLOWER STREET LOS ANGELES, CA 90071	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PAUL D. STEINKE	
TITLE:	DIRECTOR	
ADDRESS:	515 S. FLOWER STREET LOS ANGELES, CA 90071	

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

NAME:	JACK A STEIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	515 S. FLOWER STREET		
CITY/ST/ZIP/CO:	4TH FLOOR 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.

/s/ ROBYN L MILLER	ROBYN L MILLER,	6/27/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SVP/SECRETARY 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.