

1.) CORPORATION NAME:

**URS Federal Technical Services, Inc.**

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

SCC ID NO: **F1389784**

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 20501 SENECA MEADOWS PKWY  
STE 300

CITY/ST/ZIP: GERMANTOWN, MD 20876-

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.

OFFICER       DIRECTOR

NAME: RANDALL WORTRING  
TITLE: PRESIDENT  
ADDRESS: 20501 SENECA MEADOWS PKWY  
STE 300  
CITY/ST/ZIP/CO: GERMANTOWN, MD 20876-

OFFICER       DIRECTOR

NAME: WILLIAM NEEB  
TITLE: VP/CFO/AT/AS  
ADDRESS: 20501 SENECA MEADOWS PKWY  
STE 300  
CITY/ST/ZIP/CO: GERMANTOWN, MD 20876-

OFFICER       DIRECTOR

NAME: JUDY L RODGERS  
TITLE: VICE PRESIDENT  
ADDRESS: 600 MONTGOMERY ST 25TH FLOOR  
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111-

OFFICER       DIRECTOR

NAME: GREG ROBINSON  
TITLE: TREASURER  
ADDRESS: 20501 SENECA MEADOWS PKWY  
STE 300  
CITY/ST/ZIP/CO: GERMANTOWN, MD 20876-

OFFICER       DIRECTOR

NAME: KRISTIN L JONES  
TITLE: ASST SECRETARY  
ADDRESS: 600 MONTGOMERY ST  
25TH FLOOR  
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111-

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	H. THOMAS HICKS DIRECTOR 600 MONTGOMERY ST. 25TH FLOOR SAN FRANCISCO, CA 94111-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	REED N. BRIMHALL DIRECTOR 600 MONTGOMERY ST. 25TH FLOOR SAN FRANCISCO, CA 94111-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RANDALL A. WOTRING DIRECTOR 20501 SENECA MEADOWS PARKWAY SUITE 300 GERMANTOWN, MD 20876-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STUART I. YOUNG SECRETARY 20501 SENECA MEADOWS PARKWAY SUITE 300 GERMANTOWN, MD 20876-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT RUDISIN VICE PRESIDENT 20501 SENECA MEADOWS PARKWAY SUITE 300 GERMANTOWN, MD 20876-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GUY STEVENSON VICE PRESIDENT 20501 SENECA MEADOWS PARKWAY SUITE 300 GERMANTOWN, MD 20876-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN KENNEDY VICE PRESIDENT 20501 SENECA MEADOWS PARKWAY SUITE 300 GERMANTOWN, MD 20876-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES J. LOUGHRAN VICE PRESIDENT 20501 SENECA MEADOWS PARKWAY SUITE 300 GERMANTOWN, MD 20876-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WADE H. MCMANUS VICE PRESIDENT 20501 SENECA MEADOWS PARKWAY SUITE 300 GERMANTOWN, MD 20876-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY RETUSEK VICE PRESIDENT 20501 SENECA MEADOWS PARKWAY SUITE 300 GERMANTOWN, MD 20876-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID W. SWINDLE, JR. VICE PRESIDENT 20501 SENECA MEADOWS PARKWAY SUITE 300 GERMANTOWN, MD 20876-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARSHALL THOMPSON VICE PRESIDENT 11600 STARK ROAD STOCKTON, UT 84071-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN C. VOLLMER VICE PRESIDENT 20501 SENECA MEADOWS PARKWAY SUITE 300 GERMANTOWN, MD 20876-	<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.			
<u>/s/ KRISTIN L JONES</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>KRISTIN L JONES, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>8/25/2011</u> 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.			