

1.) CORPORATION NAME:

**URS Federal Support Services, Inc.**

DUE DATE: **11/30/2010**

SCC ID NO: **F1530544**

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	100

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 WOTRING  
TITLE: P/CEO  
ADDRESS: 20501 SENECA MEADOWS PKWY  
STE 300  
CITY/ST/ZIP/CO: GERMANTOWN, MD 20876-

OFFICER       DIRECTOR

NAME: H THOMAS HICKS  
TITLE: VICE PRESIDENT  
ADDRESS: 600 MONTGOMERY ST  
25TH FLOOR  
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111-

OFFICER       DIRECTOR

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

OFFICER       DIRECTOR

NAME: STUART I YOUNG  
TITLE: VP/S/GC  
ADDRESS: 20501 SENECA MEADOWS PKWY  
STE 300  
CITY/ST/ZIP/CO: GERMANTOWN, MD 20876-

NAME: KRISTIN L JONES TITLE: ASST SECRETARY ADDRESS: 600 MONTGOMERY ST 25TH FLOOR CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: REED N. BRIMHALL TITLE: DIRECTOR ADDRESS: 600 MONTGOMERY ST. 25TH FLOOR CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RANDALL A. WOTRING TITLE: DIRECTOR ADDRESS: 20501 SENECA MEADOWS PARKWAY SUITE 300 CITY/ST/ZIP/CO: GERMANTOWN, MD 20876-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GREG ROBINSON TITLE: TREASURER ADDRESS: 20501 SENECA MEADOWS PARKWAY SUITE 300 CITY/ST/ZIP/CO: GERMANTOWN, MD 20876-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JUDY L. RODGERS TITLE: VICE PRESIDENT ADDRESS: 600 MONTGOMERY ST. 25TH FLOOR CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ROBERT RUDISIN TITLE: VICE PRESIDENT ADDRESS: 20501 SENECA MEADOWS PARKWAY SUITE 300 CITY/ST/ZIP/CO: GERMANTOWN, MD 20876-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: GUY STEVENSON TITLE: VICE PRESIDENT ADDRESS: 20501 SENECA MEADOWS PARKWAY SUITE 300 CITY/ST/ZIP/CO: GERMANTOWN, MD 20876-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JOHN KENNEDY TITLE: VICE PRESIDENT ADDRESS: 20501 SENECA MEADOWS PARKWAY SUITE 300 CITY/ST/ZIP/CO: GERMANTOWN, MD 20876-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JAMES J. LOUGHRAN TITLE: VICE PRESIDENT ADDRESS: 20501 SENECA MEADOWS PARKWAY SUITE 300 CITY/ST/ZIP/CO: 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 RESUTEK 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.

/s/ KRISTIN L JONES SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KRISTIN L JONES, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	8/25/2011 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.