

1.) CORPORATION NAME:

URS GROUP, INC.

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1607979**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2020 K STREET NW, SUITE 300

CITY/ST/ZIP: WASHINGTON, DC 20006

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:	GARY V JANDEGIAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	600 MONTGOMERY ST 25TH FLOOR		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94111		
NAME:	PAUL M. BOECHLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	600 MONTGOMERY STREET 25TH FLOOR		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94111		
NAME:	H THOMAS HICKS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	600 MONTGOMERY ST 25TH FL		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94111		
NAME:	WILLIAM R SMITH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2020 K STREET NW STE 300		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		
NAME:	DONALD KEITH WHITENIGHT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	12420 Milestone Center Drive Suite 150		
CITY/ST/ZIP/CO:	Germantown, MD 20876		
NAME:	JAMES ZIMMERMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	277 BENDIX ROAD SUITE 500		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23452		

NAME: JUDY L. RODGERS TITLE: TREASURER ADDRESS: 600 MONTGOMERY ST CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: KRISTIN L JONES TITLE: SECRETARY ADDRESS: 600 MONTGOMERY ST CITY/ST/ZIP/CO: 25TH FL SAN FRANCISCO, CA 94111	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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>	<u>KRISTIN L JONES, SECRETARY</u>	<u>11/20/2013</u>
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.