FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

7. Nature of Indirect Beneficial Ownership (Instr. 4)

11. Nature of Indirect Beneficial

Ownership (Instr. 4)

Check this box if no longer subject to

(First)

(Last)

280 PARK AVENUE 11TH FLOOR

(Middle)

X Section obligation	this box if no lo 16. Form 4 or ons may contir ion 1(b).		STAT		ed purs	uant to	Section	on 16(a	of the Secur	ities Exchan	ige Act o	of 1934	RSH	lIP			umber: ed average burd er response:	3235-028 en 0	
1. Name and Address of Reporting Person* GSO CAPITAL PARTNERS LP					2. 19										i. Relationship of Reporting Person(s) to Issuer Check all applicable) Director 10% Owner Officer (give title Vother (specify				
(Last) (First) (Middle) 280 PARK AVENUE 11TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 09/14/2007							Officer (give title X Other (specify below) See Remarks							
(Street) NEW YORK NY 10017				- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																
			le I - Noi			_			quired, Di	_									
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Day/Year) if		ned on Date, Day/Yea	r) Code (Inst	n Dispose r. 5)	d Of (D)	s Acquired (A) or f (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		/ing F	6. Ownership Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indired Beneficia Ownersh (Instr. 4)		
		T-	able II - I) Derivat	tivo S	ecur	itios	Λcαι	ired, Disp	Amount	(0) ["		(Instr.	3 and 4)	3			
									options,					wiieu					
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	Execution Date, if any		4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Deri Sec (Inst	rice of ivative urity tr. 5)		tive ties cially d ing ted action(s	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natur of Indire Beneficia Ownersh (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	1						
1		Reporting Person* PARTNERS	<u>LP</u>																
(Last) 280 PAR 11TH FL	K AVENU	(First) E	(Midd	lle)															
(Street) NEW YO	ORK	NY	1003	17															
(City)		(State)	(Zip)																
	nd Address of	Reporting Person*																	
(Last) 280 PAR 11TH FL	K AVENU	(First) E	(Midd	lle)															
(Street) NEW YO	ORK	NY	1003	17															
(City)		(State)	(Zip)																
	nd Address of er Dougla	Reporting Person*																	

(Street) NEW YORK	NY	10017							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person* Smith J Albert III									
(Last) (First) (Middle) 280 PARK AVENUE 11TH FLOOR									
(Street) NEW YORK	NY	10017							
(City)	(State)	(Zip)							
Name and Address of Reporting Person* GSO LLC									
(Last) (First) (Middle) 280 PARK AVENUE 11TH FLOOR									
(Street) NEW YORK	NY	10017							
(City)	(State)	(Zip)							

Explanation of Responses:

Remarks:

GSO Capital Partners LP ("GSO Capital") has elected to file this Form 4 voluntarily to exit the filing system. Lee D. Stern, a Managing Director of GSO Capital, resigned from the board of directors of AECOM Technology Corporation on September 14, 2007 and as of such date GSO Capital no longer was, and no longer is, a 10% owner.

/s/ George Fan, Chief Legal Officer / Chief Compliance Officer of GSO Capital Partners LP

03/04/2008

** Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.