2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9500005147 May 19, 2000 8:00 am 1. Entity Name Secretary of State CH2M HILL INTERNATIONAL SERVICES, INC. 05-19-2000 90177 042 ***150.00 Principal Place of Business Mailing Address 6060 S, WILLOW DRIVE P.O. BOX 22508 GREENWOOD VILLAGE CO 80111-5142 **DENVER CO 80222-0508** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 93-0750969 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. President, Director E. Kent Robinson ☐ Change TITLE PD Delete TITI F NAME NAME ZEIEN, CRAIG T 7001 S. Chapparal Circle East STREET ADDRESS STREET ADDRESS 5535 PRESERVE DRIVE CITY-ST-ZIP Aurora, 80016 CITY-ST-ZIP LITTLETON CO 80121 Delete Change ☐ Addition TITLE NAME NAME PETERSON, RALPH R STREET ADDRESS STREET ADDRESS **82 FALCON HILLS DRIVE** CITY-ST-7IP CITY-ST-ZIP HIGHLANDS RANCH CO 80126 Change ☐ Addition ☐ Delete TITI F MCADAMS, ELIZABETH A NAME NAME STREET ADDRESS STREET ADDRESS 8693 BLUEBUNCH COURT. CITY-ST-7IP CITY-ST-ZIP PARKER CO 80134 Change ☐ Addition TITLE Delete TITLE NELSON, L L NAME STREET ADDRESS STREET ADDRESS 3213 COUNTRY CLUB PARKWAY CITY-ST-7IP CITY-ST-ZIP CASTLE ROACK CO 80104 TITLE ☐ Delete TITLE Change ■ Addition NAME SANTEE, M. CATHERINE NAME STREET ADDRESS STREET ADDRESS 9218 RITENOUR COURT CITY-ST-ZIP CITY-ST-ZIP LONETREE CO 80124 Change ☐ Addition TITLE ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

| SIGNATURE | SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daylime Phone #