

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91106 017 ***150.00

DOCUMENT # F95000005147

1. Entity Name
CH2M HILL INTERNATIONAL SERVICES, INC.

Principal Place of Business 6060 S. WILLOW DRIVE GREENWOOD VILLAGE CO 80111-5142	Mailing Address P.O. BOX 22508 DENVER CO 80222
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 93-0750969	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	PETERSON, RALPH R
STREET ADDRESS	82 FALCON HILLS DRIVE
CITY-ST-ZIP	HIGHLANDS RANCH CO 80126
TITLE	AS <input type="checkbox"/> Delete
NAME	MCADAMS, ELIZABETH A
STREET ADDRESS	8693 BLUEBUNCH COURT
CITY-ST-ZIP	PARKER CO 80134
TITLE	T <input type="checkbox"/> Delete
NAME	NELSON, L L
STREET ADDRESS	3213 COUNTRY CLUB PARKWAY
CITY-ST-ZIP	CASTLE ROCK CO 80104
TITLE	D <input type="checkbox"/> Delete
NAME	SANTEE, M. CATHERINE
STREET ADDRESS	9218 RITENOUR COURT
CITY-ST-ZIP	LONETREE CO 80124
TITLE	PD <input type="checkbox"/> Delete
NAME	ROBINSON, KENT E
STREET ADDRESS	7001 S CHAPPORAL CIRCLE EAST
CITY-ST-ZIP	AURORA CO 80016
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T
STREET ADDRESS	STANLEY W. VINSON
CITY-ST-ZIP	21344 E. BRIARWOOD DRIVE AURORA, CO 80016

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: Elizabeth McAdams Date: 4/24/01 Daytime Phone #: 303 771 0900

CR2E034 (10/00)