

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000009000

Entity Name: IAP-CH2M SERVICES I, LLC**Current Principal Place of Business:**7315 NORTH ATLANTIC AVENUE
CAPE CANAVERAL, FL 32920**Current Mailing Address:**7315 NORTH ATLANTIC AVENUE
CAPE CANAVERAL, FL 32920 US**FEI Number:** 47-5541108**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title M
Name CRAIG, DAVID J
Address 7315 NORTH ATLANTIC AVENUE
City-State-Zip: CAPE CANAVERAL FL 32920

Title TREASURER
Name KLEM, LAURIE
Address 7315 NORTH ATLANTIC AVENUE
City-State-Zip: CAPE CANAVERAL FL 32920

Title MANAGER
Name MELCHIORRE, KENNETH
Address 7315 NORTH ATLANTIC AVENUE
City-State-Zip: CAPE CANAVERAL FL 32920

Title ASSISTANT SECRETARY
Name TREPANIER, MICHELLE
Address 7315 NORTH ATLANTIC AVENUE
City-State-Zip: CAPE CANAVERAL FL 32920

Title SECRETARY
Name MONOKIAN, DUSTIN
Address 7315 NORTH ATLANTIC AVENUE
City-State-Zip: CAPE CANAVERAL FL 32920

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHELLE TREPANIER

ASSISTANT SECRETARY 04/15/2019

Electronic Signature of Signing Authorized Person(s) Detail_____
Date