

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Mar 05 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 165770 (9)**  
 1. Corporation Name  
**CH2M HILL, INC.**



Principal Place of Business: **6080 S. WILLOW DR. GREENWOOD VILLAGE CO 80111-5142 US**  
 Mailing Address: **P. O. BOX 22508 N/A ATTN: TAX DEPT. DENVER CO 80222-0508 US**

3. Date Incorporated or Qualified: **07/12/1951**      3a. Date of Last Report: **05/01/1996**  
 4. FEI Number: **59-0918189**      Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip      **25** Country  
**24**      **29**      **30**      Country

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City      **FL**      **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	COB	<input type="checkbox"/> DELETE
NAME	PETERSON, RALPH R	
STREET ADDRESS	82 FALCON HILLS DR.	
CITY - ST - ZIP	HIGHLANDS RANCH CO 80128	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ZEIEN, CRAIG T.	
STREET ADDRESS	5535 PRESERVE DR	
CITY - ST - ZIP	LITTLETON CO 80121	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	AASHEIM, STEPHEN E	
STREET ADDRESS	2037 LAKE CRESCENT CT.	
CITY - ST - ZIP	WINDERMERE FL 34786	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GIBBS, CHARLES	
STREET ADDRESS	1870 127TH S.E.	
CITY - ST - ZIP	BELLEVUE WA 98005	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HASSEBROOK, LYLE G.	
STREET ADDRESS	170 GLENGARRY PLACE	
CITY - ST - ZIP	CASTLE ROCK CO 80104	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NELSON, L.L.	
STREET ADDRESS	5415 E. OTERO DR.	
CITY - ST - ZIP	LITTLETON CO 80122	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	B. WHATT HOCALLIE	
1.3 STREET ADDRESS	4150 S PONTIAC ST.	
1.4 CITY - ST - ZIP	DENVER, CO 80227	
2.1 TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CLIFF G. THOMPSON	
3.3 STREET ADDRESS	2430 E ALAMEDA #5	
3.4 CITY - ST - ZIP	DENVER, CO 80209	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	THOMAS J. HUNTSINGER	
4.3 STREET ADDRESS	7514 S ARNONE STREET	
4.4 CITY - ST - ZIP	AURORA, CO 80014	
5.1 TITLE	STVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SAMUEL H. IAPALUCCI	
5.3 STREET ADDRESS	5690 SOUTH 54th STREET	
5.4 CITY - ST - ZIP	GREENWOOD VILLAGE, CO 80121	
6.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	3213 COUNTRY CLUB PARKWAY	
6.4 CITY - ST - ZIP	CASTLE ROCK, CO 80104	

14. I do 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 included on this annual report or supplemental annual 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; the officer or director empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *L.L. Nelson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/17/97** (303) 71-0900  
 Daytime Phone: \_\_\_\_\_

CR2E034 (9/96)