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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 165770

1. Corporation Name

CH2M HILL, INC.

Mailing Address

## **FILED** Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90077 045 \*\*\*150.00



Principal Place of Business Mailing Address						
6060 S WILLOW DR P O BOX 22508 GREENWOOD VILLAGE CO 60111-142 ATTN TAX DEPT					· ·	
					DO NOT WRITE IN THIS SPACE	
US DENVER CO 80222-508 US					3. Date Incorporated or Qualifed	
00					07/12/1951	
Principal Place of Business     2a. Mailing Address				<del></del>	4. FEI Number	Applied For
<u> </u>					59-0918189	Not Applicable
21) 6060 5 Suite, Apt.	OUTH WILLOW DRIVE	26 <i>P.O. Box 22508</i> Suite, Apt. #, etc.				3.75 Additional
		N' TAX DEPT.		E Cortifonto of Status Desired	Fee Required	
22   27   #77N. TAX     City & State   City & State			<u> </u>		6 Election Compaign Financing	5.00 May Be
	1/	28 DENVER, CO				Added to Fees
Zip Country		Zip Country			This corporation owes the current year Intangible	
24 80111	· · · · · · · · · · · · · · · · · · ·	29 80222-050830		SA	Personal Property Tax.	
24 80111-	9. Name and Address of Current			277	10. Name and Address of New Registered Agent	
81 Name						
CT CORPORATION SYSTEM						
1200 S. PINE ISLAND ROAD			82 Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324			83			
TEMPATION TE GOOZT					·	
			84	City	85	Zip Code
					<u> </u>	
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						
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signa					equired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIF	SECTORS IN 12
12.	OFFICERS AND		13.			hange Addition
TITLE	COB	☐ DELETE	1,1 TITLE		ľ	imigo [] (incino)
NAME	PETERSON, RALPH R		1.2 NAME			Į.
STREET ADDRESS			1.3 STREET			ļ
CITY-ST-ZIP			1.4 CITY-ST	·ZIP		hange Addition
TITLE	PD	☐ DELETE 21T			ľ	liginge
NAME	Edicin Orange 1.		2.2 NAME			İ
STREET ADDRESS			23 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-S	T-ZIP		
TITLE	-VP	☐ DELETE	3.1 TITLE		, <u>"</u>	hange
NAME	aasheim, stephen e		32 NAME			
STREET ADDRESS	2037 LAKE CRESCENT CT.		3.3 STREET	ADDRESS		
CITY-ST-ZIP	WINDERMERE FL 34786		3.4. CITY-S	T-ZIP		
TITLE	SVP	☐ DELETE	4.1 TITLE		<u> </u>	Change
NAME	BULLOCK, ROBERT		4. 2 NAME			
STREET ADDRESS	79 N RANCH RD	J	4.3 STREET	ADDRESS		-
CITY-ST-ZIP	LITTLETON CO 80127		4.4 CITY-ST	-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE			Change
NAME	THOMPSON, CLIFF G		52 NAME ZA		THOMPSON, CLIFF G.	
STREET ADDRESS	2450 EAST E. ALAMEDA STE 5		5.3 STREET	ADDRESS	143 BLACKLAND RD. NW	
CITY-ST-ZIP	DENVER CO	•	5.4 CITY-ST		ATLANTA, GA 30342	
TITLE	VPC	☐ DÉLETE	6.1 TTLE			hange Addition
NAME	NELSON, L L		6.2 NAME			
STREET ADDRESS	3213 COUNTRY CLUB PKWY		6.3 STREET	ADDRESS		Ì
1	CASTLE ROCK CO 80104		6.4 CITY-ST			
CITY-ST-ZIP	CHAIRE HOUSE OF OUR					

14. 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 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 or the receiver or trustee 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 open attachment with an address, with all other like empowered.

SIGNATURE: