

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 24, 2005 8:00 am
Secretary of State

04-22-2005 90284 026 ***150.00

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01042005 Chg-P CR2E034 (10/03)

DOCUMENT # 165770					
1. Entity Name CH2M HILL, INC.					
Principal Place of Business 9191 SOUTH JAMAICA ST. ENGLEWOOD, CO 80112 US			Mailing Address P O BOX 22508 ATTN TAX DEPT DENVER, CO 80222-0508 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-0918189	
				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 NRAI SERVICES, INC. 526 EAST PARK AVE. TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive Suite 4 City Weston FL Zip Code 33331		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB PETERSON, RALPH R 82 FALCON HILLS DR. HIGHLANDS RANCH, CO 80126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 9191 S. Jamaica St. Englewood, CO 80112 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEHN, WILLIAM T 203 SARATOGA VEIN CRT CASTLE ROCK, CO 80104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9191 S. Jamaica St. Englewood, CO 80112 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AASHEIM, STEPHEN E 2037 LAKE CRESCENT CT. WINDERMERE, FL 34786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	225 E. Robinson St., #405 Orlando, FL 32801-4322 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BULLOCK, ROBERT 79 N RANCH RD LITTLETON, CO 80127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9191 S. Jamaica St. Englewood, CO 80112 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP THOMPSON, CLIFF G 143 BLACKLAND RD NW ATLANTA, GA 30342 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	115 Perimeter Centre Pl. NE, #700 Atlanta, GA 30346-1218 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC SHEA, JOANN 1227 HAVENWOOD WAY CASTLE ROCK, CO 80108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9191 S. Jamaica St. Englewood, CO 80112 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Paul J. Luth</u>		4/13/05		303-771-0900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	