

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000005718

1. Entity Name
CH2M HILL FACILITIES & INFRASTRUCTURE, INC.



Principal Place of Business
9191 SOUTH JAMAICA STREET
ENGLEWOOD, CO 80112

Mailing Address
9191 SOUTH JAMAICA STREET
ENGLEWOOD, CO 80112



07182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0335959

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

U00000571931
07/25/06-80008-016 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FERRIS, JAMES J
STREET ADDRESS	9191 SOUTH JAMAICA STREET
CITY-ST-ZIP	ENGLEWOOD, CO 80112
TITLE	DP
NAME	BRUNE, FRED M
STREET ADDRESS	1500 INTERNATIONAL DRIVE
CITY-ST-ZIP	SPARTANBURG, SC 29304
TITLE	D
NAME	IAPALUCCI, SAMUEL H
STREET ADDRESS	9191 SOUTH JAMAICA STREET
CITY-ST-ZIP	ENGLEWOOD, CO 80112
TITLE	D
NAME	SHELTON, BRIAN R
STREET ADDRESS	9191 SOUTH JAMAICA STREET
CITY-ST-ZIP	ENGLEWOOD, CO 80112
TITLE	ST
NAME	D'AMBROSIO, PAUL C
STREET ADDRESS	9191 SOUTH JAMAICA STREET
CITY-ST-ZIP	ENGLEWOOD, CO 80112
TITLE	V
NAME	CAMPBELL, RONALD
STREET ADDRESS	9191 SOUTH JAMAICA STREET
CITY-ST-ZIP	ENGLEWOOD, CO 80112

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Paul C. D'Ambrosio

7/20/06

303.771.0900