


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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000002428 (1)
 1. Corporation Name
CH2M HILL CONSTRUCTORS, INC.

Principal Place of Business 6060 SO. WILLOW DR. GREENWOOD VILLAGE CO 80111-5142	Mailing Address 6060 SO. WILLOW DR. GREENWOOD VILLAGE CO 80111-5142
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/13/1993	
21	22	23	24	25	26
Suite, Apt. #, etc.		City & State		Zip	
27		28		29	
Suite, Apt. #, etc.		City & State		Zip	
21		22		23	
Suite, Apt. #, etc.		City & State		Zip	
24		25		26	
Country		Country		Country	

4. FEI Number 84-1230545	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH 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
85	Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CARD, ROBERT	
STREET ADDRESS	7 MOUNTAIN WILLOW DR.	
CITY-ST-ZIP	LITTLETON CO 80127	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FERRIS, JAMES	
STREET ADDRESS	851 SWANDYKE DR.	
CITY-ST-ZIP	CASTLE ROCK CO 80104	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PETERSON, RALPH	
STREET ADDRESS	82 FALCON HILL DR.,	
CITY-ST-ZIP	HIGHLANDS RANCH CO 80126	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SANTEE, CATHERINE	
STREET ADDRESS	9216 RITENOUR CT.	
CITY-ST-ZIP	LITTLETON CO 80124	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GREELEY, JAMES	
STREET ADDRESS	7625 TREERIDGE CT.	
CITY-ST-ZIP	DUNWOODY GA 30350	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MCADAMS, ELIZABETH	
STREET ADDRESS	8893 BLUEBUNCH CT.	
CITY-ST-ZIP	PARKER CO 80134	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE: *Elizabeth McAdams* Elizabeth McAdams 4/298 (303) 771 0900

CR2E034 (10/97)