

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90057 022 \*\*\*150.00

**DOCUMENT # F93000002428**

1. Entity 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>84-1230545</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
Zip Code

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.

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. 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 9808 CARMEL 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 8693 BLUEBUNCH CT.	
CITY-ST-ZIP PARKER CO 80134	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth McAdams Date: 5/01/00 Daytime Phone #: (303) 771-0900

CR2E034 (9/99)