

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000002428

1. Entity Name
CH2M HILL CONSTRUCTORS, INC.



Principal Place of Business Mailing Address
9191 S. JAMAICA ST. 9191 S. JAMAICA ST.
ENGLEWOOD, CO 80112-5142 ENGLEWOOD, CO 80112-5142

DO NOT WRITE IN THIS SPACE

04292005 No Chg-P CR2E034 (10/03)

4. FEI Number 84-1230545 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	EVANS, DON S
STREET ADDRESS	3941 SOUTH DAHLIA
CITY-ST-ZIP	ENGLEWOOD, CO 80110
TITLE	PD
NAME	FERRIS, JAMES
STREET ADDRESS	851 SWANDYKE DR.
CITY-ST-ZIP	CASTLE ROCK, CO 80104
TITLE	D
NAME	PETERSON, RALPH
STREET ADDRESS	82 FALCON HILL DR.,
CITY-ST-ZIP	HIGHLANDS RANCH, CO 80126
TITLE	ST
NAME	SANTEE, CATHERINE
STREET ADDRESS	9808 CARMEL CT
CITY-ST-ZIP	LITTLETON, CO 80124
TITLE	V
NAME	GREELEY, JAMES
STREET ADDRESS	7625 TREERIDGE CT.
CITY-ST-ZIP	DUNWOODY, GA 30350
TITLE	AS
NAME	MCADAMS, ELIZABETH
STREET ADDRESS	8693 BLUEBUNCH CT.
CITY-ST-ZIP	PARKER, CO 80134

1000000357241
05/04/05-80067-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Robert L. Lathen Robert L. Lathen

Date

Daytime Phone #

4/29/05 720 256260