PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham **FOR** Secretary of State REINSTATEMENT FILED DIVISION OF CORPORATIONS F9400000 4134 DOCUMENT # 98 MAR -3 PM 12: 45 1. Corporation Name SECRETARY OF STATE TALLAHASSEE. FLORIDA CH2M HILL INTERNATIONAL, LTD., INC. Principal Place of Business Mailing Address 6060 SO. WILLOW DRIVE GREENWOOD VILLAGE, CO 80111-5142 P.O. BOX 22508, DENVER, CO 80222-0508 REINSTATEMENT If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida N/A 8-9<u>-9</u>4 Suite, Apt. #, etc. 5. FEI Number Applied For 84-1141196 City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) and/or Directors City / State / Zip 5535 PRESERVE DRIVE LITTLETON, CO 80121 CRAIG T. ZEIEN **ELIZABETH A. McADAMS** 8693 BLUEBUNCH COURT PARKER, CO 80134 L. L. NELSON 3213 COUNTRY CLUB PARKWAY CASTLE ROCK, CO 80104 RALPH R. PETERSON 82 FALCON HILLS DRIVE HIGHLANDS RANCH, CO 80126 600002447416---03/04/98--01110--009 ***1050.00 ***1050.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 Suite, Apt. #, Etc. State Zip Code FL 10. V, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Marcia J. Sunahara, Asst. V.P. Date 3/02/98
REGISTERED AGENT MUST SIGN FINAL RETURNS FILED IN 1997; NO MONIES DUE. 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. No X Yes I 12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

NAME OF SIGNING OFFICER OR DIRECTOR

Craia T. Feien President

(303)

771-0900

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Suite, Apt. #, etc.

City & State

Title(s)

PRES/

SECTY TREAS

DIR ASST.

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