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Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90005 030 ***150.00

USA-3885

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000004134

1. Corporation Name
CH2M HILL INTERNATIONAL, LTD., INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6060 SO. WILLOW DRIVE GREENWOOD VILLAGE CO 80222-0508	Mailing Address 6060 SO. WILLOW DRIVE GREENWOOD VILLAGE CO 80222-0508
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3. Date Incorporated or Qualified 08/09/1994	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 84-1141196	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 the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ZEIEN, CRAIG T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5535 PRESERVE DRIVE	1.2 NAME	
STREET ADDRESS	LITTLE CO 80121	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	AS MCADAMS, ELIZABETH A	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8693 BLUEBUNCH	2.2 NAME	
STREET ADDRESS	PARKER CO 80134	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T NELSON, L L	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3213 COUNTRY CLUB PARKWAY	3.2 NAME	
STREET ADDRESS	CASTLE ROCK CO 80104	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D PETERSON, RALPH R	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	82 FALCON HILLS DRIVE	4.2 NAME	
STREET ADDRESS	HIGHLANDS RANCH CO 80126	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:  4/19/99 (303) 771-0900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)