## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **F94000004134** May 09, 2000 8:00 am **Secretary of State** CH2M HILL INTERNATIONAL, LTD., INC. 05-09-2000 90063 027 \*\*\*150.00 Principal Place of Business Mailing Address 6060 SO. WILLOW DRIVE 6060 SO. WILLOW DRIVE GREENWOOD VILLAGE CO 80222-0508 GREENWOOD VILLAGE CO 80111-5142 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 84-1141196 Not Applicable Country \$8:75 Additional ----5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ★ Addition President, Director Delete TITLE TITLE ZEIEN, CRAIG T E. Kent Robinson NAME NAME STREET ADDRESS 5535 PRESERVE DRIVE STREET ADDRESS 7001 S. Chapparal Circle East CITY-ST-ZIP CITY-ST-ZIP LITTLE CO 80121 <u> Aurora, CO\_80016</u> Change Addition ☐ Delete TITLE TITLE NAME MCADAMS, ELIZABETH A NAME STREET ADDRESS 8693 BLUEBUNCH STREET ADDRESS CITY=ST=7IP CHTY-ST-ZIP PARKER CO 80134 ☐ Addition ☐ Delete ☐ Change TITLE NAME NELSON, L L NAME STREET ADDRESS 3213 COUNTRY CLUB PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CASTLE ROCK CO 80104 Change ☐ Addition ☐ Defete TITLE TITLE PETERSON, RALPH R NAME NAME STREET ADDRESS STREET ADDRESS 82 FALCON HILLS DRIVE CITY-ST-ZIP CITY-ST-ZIP HIGHLANDS RANCH CO 80126 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

Elizabeth McAdams

SIGNATURE AND THEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

5/01/00

(303) 771-0900

Davrime Phone #