

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004134

FILED
Apr 19, 2012
Secretary of State

Entity Name: CH2M HILL INTERNATIONAL, LTD., INC.

Current Principal Place of Business:

9191 SOUTH JAMAICA STREET
ENGLEWOOD, CO 80112

New Principal Place of Business:

Current Mailing Address:

9191 SOUTH JAMAICA STREET
ATTN: TAX
ENGLEWOOD, CO 80112

New Mailing Address:

FEI Number: 84-1141196 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DVP
Name: CARD, ROBERT G
Address: 9191 S JAMAICA ST
City-St-Zip: ENGLEWOOD, CO 80112

Title: VP
Name: BAUER-MARTINEZ, JOHN A
Address: 9191 S JAMAICA ST
City-St-Zip: ENGLEWOOD, CO 80112

Title: P/D
Name: RAST, JACQUELINE C
Address: 9191 S. JAMAICA ST.
City-St-Zip: ENGLEWOOD, CO 80112

Title: T/VP
Name: MATHEWS, STEVEN
Address: 9191 S JAMAICA ST
City-St-Zip: ENGLEWOOD, CO 80112

Title: S/VP
Name: MCLEAN, MARGARET B
Address: 9191 S JAMAICA ST
City-St-Zip: ENGLEWOOD, CO 80112

Title: DVP
Name: BRUNE, FREDERICK M
Address: 1500 INTERNATIONAL DR.
City-St-Zip: SPARTANBURG, SC 29303

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN A BAUER-MARTINEZ

VP

04/19/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date