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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature and initials

US CorpWorks Inc.
An Operating Affiliate of NRAI
3500 East 17th Avenue
Denver, CO 80206
888.967.5799 Fax 303.393.8900
stillapaugh@uscorpworks.com

February 14, 2003

Via Federal Express
Division of Corporations
Florida Department of State
P. O. Box 6327
Tallahassee, FL 32314

Re: Aketon Technologies, Inc.
CH2M HILL Constructors, Inc.
CH2M HILL, Inc.
CH2M HILL Industrial Design & Construction, Inc.
CH2M HILL International Ltd., Inc.
CH2M HILL International Services, Inc.
IDC Architects, PC
IDC Construction Management, Inc.
IDC Plant Services, Inc.
Operations Management International, Inc.

Dear Madam/Sir:

Enclosed for filing in your office are the following document(s) along with a check covering your fees:

Change of Agent

Please call the toll-free number listed above if for any reason the filings can not be made.

Thank you for your time and consideration in this matter

Sincerely,


Sabrina Tillapaugh

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CH2M HILL International Ltd., Inc.

(Name of corporation)

DOCUMENT NUMBER: F94000004134

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Sabrina Tillapaugh

(Name of person)

US CorpWorks Inc.

(Name of firm/company)

3500 East 17th Avenue

(Address)

Denver, CO 80206

(City/state and zip code)

For further information concerning this matter, please call:

Sabrina
_____ at (303 _____) 393.8800
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CH2M HILL International Ltd., Inc.

2. The principal office address: 9191 South Jamaica Street, _____, Englewood, CO 80112

3. The mailing address (if different): _____

4. Date of incorporation/qualification: August 9, 1994 Document number: F94000004134

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.
526 East Park Avenue
(P.O. Box or personal mailbox NOT acceptable)
Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer, chairman or vice chairman of the board)

Elizabeth A. McAdams, Asst. Secretary

(Printed or typed name and title)

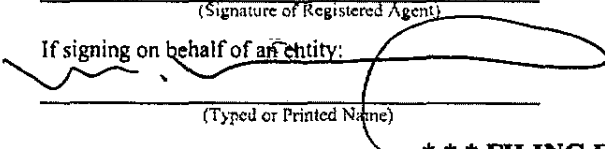
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

February 17, 2003

(Date)

(Signature of Registered Agent)

If signing on behalf of an entity:


(Typed or Printed Name)

Michael Mirrone, Assistant Secretary

(Capacity)

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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