

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 MAR -3 PM 12:31

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F95000005147**

1. Corporation Name

CH2M HILL INTERNATIONAL SERVICES, INC.

REINSTATEMENT

96-98

Principal Place of Business Mailing Address
6060 SO. WILLOW DRIVE
GREENWOOD VILLAGE, CO 80111-5142
MAIL: P.O. BOX 22508, DENVER, CO 80222

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable N/A		3. New Mailing Office Address, If Applicable N/A		4. Date Incorporated or Qualified To Do Business in Florida 10-23-95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 93-0750969	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES/DIR	CRAIG T. ZELEN	5535 PRESERVE DRIVE	LITTLETON, CO 80121
DIR	RALPH R. PETERSON	82 FALCON HILLS DRIVE	HIGHLANDS RANCH, CO 80126
ASST. SECTY	ELIZABETH A. McADAMS	8693 BLUEBUNCH COURT	PARKER, CO 80134
TREAS	L. L. NELSON	3213 COUNTRY CLUB PARKWAY	CASTLE ROCK, CO 80104
DIR	M. CATHERINE SANTEE	9218 RITENOUR COURT	LONETREE, CO 80124

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 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		9. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Marcia J. Sunahara* Marcia J. Sunahara, Asst. V.P. Date **3/02/98**
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No **FINAL RETURNS FILED IN 1997; NO MONIES DUE.** (See other side for information on intangible tax.)

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 filing 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)(l), 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.

SIGNATURE: *Craig T. Zeien* **Craig T. Zeien, President**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 02-27-98 Date (303) 771-0900 Daytime Phone #

CR2E040 (12/96)