

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005147

FILED
Apr 20, 2007
Secretary of State

Entity Name: CH2M HILL INTERNATIONAL SERVICES, INC.

Current Principal Place of Business:

9191 SOUTH JAMAICA STREET
ENGLEWOOD, CO 80112

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 22508
DENVER, CO 80222

New Mailing Address:

FEI Number: 93-0750969 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 SYSTEM
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PETERSON, RALPH R
Address: 9191 S JAMAICA ST
City-St-Zip: ENGLEWOOD, CO 80112

Title: S () Delete
Name: MCLEAN, MARGARET
Address: 919 S JAMAICA ST
City-St-Zip: ENGLEWOOD, CO 80112

Title: DP () Delete
Name: CARD, ROBERT G
Address: 9191 S JAMAICA ST
City-St-Zip: ENGLEWOOD, CO 80112

Title: VPD () Delete
Name: SANTEE, M. CATHERINE
Address: 9191 S JAMAICA ST
City-St-Zip: ENGLEWOOD, CO 80112

Title: DEVP () Delete
Name: AKAY, OMUR S
Address: 9191 S JAMAICA ST
City-St-Zip: ENGLEWOOD, CO 80112

Title: T () Delete
Name: SHELTON, BRIAN R
Address: 9191 S JAMAICA ST
City-St-Zip: ENGLEWOOD, CO 80112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CARD, ROBERT G
Address: 9191 S JAMAICA ST
City-St-Zip: ENGLEWOOD, CO 80112

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AVP (X) Change () Addition
Name: LATHEN, ROBERT L
Address: 9191 S JAMAICA ST
City-St-Zip: ENGLEWOOD, CO 80112

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT L LATHEN

AVP

04/20/2007

Electronic Signature of Signing Officer or Director

_____ Date