

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005147

FILED
Apr 25, 2011
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:

9191 S. JAMAICA ST.
ATTN: TAX
ENGLEWOOD, CO 80112

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

OFFICERS AND DIRECTORS:

Title: P
Name: MCKELVY, MICHAEL E
Address: 9191 S JAMAICA ST
City-St-Zip: ENGLEWOOD, CO 80112

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

Title: DVP
Name: BOGENBERGER, VICKI M
Address: 9191 S JAMAICA ST
City-St-Zip: ENGLEWOOD, CO 80112

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

Title: AVP
Name: LATHEN, ROBERT L
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

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: ROBERT L LATHEN

AVP

04/25/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date