## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9600003285

CH2M HILL CONSTRUCTION SERVICES, INC.

Principal Place of Business Mailing Address							(4,4, 4,11, 144,
6060 SO WILLOW DRIVE PO BOX 22508 GREENWOOD VILLAGE CO 80111-142 DENVER CO 80222 US					DO NOT WRITE IN TH	HIS SPACE	
US		•			3. Date Incorporated or Qualifed		
	•				06/27/1996		
2. Principal Place of Business 2a. Mailing Addre					4. FEI Number	Applied For	
21		26		-14.5	84-1323223		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27				Fee Re	<del></del> -
¬ ••••••••		City & State	City & State		= 6. Election: Campaign: Financing	\$5.00.	•
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zíp 30	Country		8. This corporation owes the current year		□No
24 25 29			<u> </u>		Personal Property Tax.  10. Name and Address of New Register		
	9. Name and Address of Current	Registered Agent	81	Name	TO. Maine and Address of New Register	to Agein	
CT	CORPORATION SYSTEM						
1200 SOUTH PINE ISLAND ROAD			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324			83				
, LA	41.700 (C 00024		03				ļ
	STATE OF STATE OF	revolution and security of	84	City		85 Zip C	Code
			4b = -b =		poration submits this statement for the purpose		registered
office or r	egistered agent, or both, in the State o	of Florida. Such change was auth	onzed by	the corporati	on's board of directors. I hereby accept the ap	pointment as reg	gistered
agent, I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	Statutes				{
SIGNATURE					ed when reinstating) DATE		
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13.	n signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	P	DELETE 1.1 TI				Change	Addition
	·	1.2 NA					_
NAME	CARD, ROBERT G 7 MOUNTAIN WILLOW DRIVE			TADORESS			,
STREET ADDRESS			1.4 CITY-S				
CITY-ST-ZIP TITLE	D. 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2.1 TITLE	1-212		Change	☐ Addition
			2.2 NAME.				_
NAME	IAPALUCCI, SAMUEL H			TADDRESS			
STREET ADDRESS	5960 S ELM STREET				•		ł
CITY-ST-ZIP	07.112.11.10.00		2. 4 CITY-5	51-ZIP		Change	Addition
TITLE	AS CADAMO FUZABETH A		3.2 NAME			_ ,	_
NAME	MCADAMS, ELIZABETH A			T ADDRESS			
STREET ADDRESS:	8693 BLUEBUNCH COURT						,
CITY-ST-ZIP	7,44,45,100 00,101		3.4. CITY-5 4.1 TITLE	oi-AP	7.30	Change	Addition
			4, 2 NAME			_ ,	j
NAME	MILLER, DAVID W 2732 S FILLMORE STREET			TADDRESS			}
STREET ADDRESS					•		i
CITY-ST-ZIP	DENVER CO 80210	☐ DELETE	4.4 CITY-S 5.1 TITLE	1-211		Change	Addition
TITLE	CVD	רין טבנבים	5.1 NAME				_ "
NAME	PETENSON, NACETI N			TADORESS			ļ
STREET ADDRESS			5.4 CITY-ST-ZIP				}
CITY-ST-ZIP	Hallbarto Install Co 60120		6.1 TITLE			☐ Change	Addition
TITLE	V CTDONG VENNETH		6.2 NAME				
NAME OTDEET ADDRESS	STRONG, KENNETH	A TODONTO		TADDRESS			1

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ONTARIO, CANADA M5J 1A7

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90036 022 \*\*\*150.00

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