2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003479

Entity Name: CH2M HILL IDC FACILITIES SERVICES. INC

FILED Apr 23, 2009 Secretary of State

Entity Nai	me: CHZM HII	L IDC FACILITIES SERVICES,	INC.			
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
	4TH AVE., 3RD ID, OR 972014					
Current Mailing Address:			New Mailing Address:			
ATTN: TA	MAICA ST. X DOD, CO 8011	2				
FEI Number: 93-1227118 FEI Number Applied For ()			FEI Number Not Appl	El Number Not Applicable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Address of	New Registered Agent:	
1200 SOU	PORATION SYS TH PINE ISLAN ION, FL 33324	ND RD				
	named entity s e of Florida.	submits this statement for the pu	urpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Ager	nt		Date	
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P,D () KING, SUSAN D 2020 SW 4TH A PORTLAND, OF	VE., 3RD FLR	Title: Name: Address: City-St-Zip:	MERVIN, JEF	H AVE., 3RD FLR	
Title: Name: Address: City-St-Zip:	S,T () KING, SUSAN E 2020 SW 4TH A PORTLAND, OF	VE., 3RD FLR	Title: Name: Address: City-St-Zip:	MCLEAN, MA 9191 S. JAM		
Title: Name: Address: City-St-Zip:	DV () MERVIN, JEFF 2020 SW 4TH A PORTLAND, OF	· ·	Title: Name: Address: City-St-Zip:	SHELTON, B 9191 S. JAM		
Title: Name: Address: City-St-Zip:	AVP () LATHEN, ROBE 9191 S. JAMAK ENGLEWOD, C	CA ST.	Title: Name: Address: City-St-Zip:	AVP (X) Change () Addition LATHEN, ROBERT L 9191 S. JAMAICA ST. ENGLEWOOD, CO 80112		
Title: Name: Address:	()	Delete	Title: Name: Address:	SMITH, RAND	()Change(X)Addition DALL L H AVE 3RD FLOOR	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip: PORTLAND, OR 97201

SIGNATURE: ROBERT L LATHEN AVP 04/23/2009

City-St-Zip: