

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000002395

1. Entity Name
CH2M HILL SERVICES, LLC



Principal Place of Business
9191 SOUTH JAMAICA STREET
ENGLEWOOD, CO 80112

Mailing Address
9191 SOUTH JAMAICA STREET
ENGLEWOOD, CO 80112



04292005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0868934

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ROSENBLUM, DAVID C
9191 SOUTH JAMAICA STREET
ENGLEWOOD, CO 80112

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CRAFT, GARY
9191 SOUTH JAMAICA STREET
ENGLEWOOD, CO 80112

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MCADAMS, ELIZABETH A
9191 SOUTH JAMAICA STREET
ENGLEWOOD, CO 80112

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
D'AMBROSIO, PAUL C
9191 SOUTH JAMAICA STREET
ENGLEWOOD, CO 80112

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LEENS, LARRY
9191 SOUTH JAMAICA STREET
ENGLEWOOD, CO 80112

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000360289
05/05/05-80026-025 150.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

David Rosenblum

4/29/05

720 286 2603