

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ROSENBLUM, DAVID C
STREET ADDRESS	9191 SOUTH JAMAICA STREET
CITY-ST-ZIP	ENGLEWOOD, CO 80112
TITLE	MGR
NAME	CRAFT, GARY
STREET ADDRESS	9191 SOUTH JAMAICA STREET
CITY-ST-ZIP	ENGLEWOOD, CO 80112
TITLE	MGR
NAME	MCADAMS, ELIZABETH A
STREET ADDRESS	9191 SOUTH JAMAICA STREET
CITY-ST-ZIP	ENGLEWOOD, CO 80112
TITLE	MGR
NAME	D'AMBROSIO, PAUL C
STREET ADDRESS	9191 SOUTH JAMAICA STREET
CITY-ST-ZIP	ENGLEWOOD, CO 80112
TITLE	MGR
NAME	LEENS, LARRY
STREET ADDRESS	9191 SOUTH JAMAICA STREET
CITY-ST-ZIP	ENGLEWOOD, CO 80112
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000360289
 05/05/05-80026-025 150.00

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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: David Rosenblum 4/29/05 720 286 2603
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #