

M05000001255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

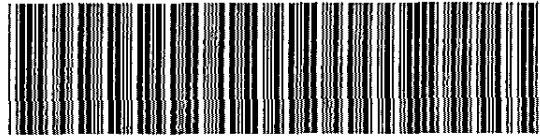
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



100053635351

05/13/05--01013--011 \*\*25.00

**FILED RECEIVED**  
05 MAY 13 PM 2:26  
05 MAY 13 AM 10:06  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**FILED**  
05 MAY 13 PM 2:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CONTACT:** TRICIA TADLOCK

**DATE:** 05-13-05

**REF. #:** 000715.38032

**CORP. NAME:** CH2M HILL/JOHNSON CONTROLS, LLC

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK           | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP              | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                           | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |  |
| <input type="checkbox"/> OTHER:                      |   |  |

**STATE FEES PREPAID WITH CHECK#** 512634 **FOR \$** 25.00.

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

**COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO  
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA

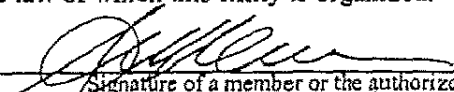
FILED  
MAY 13 PM 2:26  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of  
State: CH2M HILL/Johnson Controls, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 3/8/05

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the  
change effected under the laws of its jurisdiction of organization? 3/30/05
5. New name of the limited liability company: CH2M HILL/IAP, LLC
6. If the amendment changes the period of duration, indicate new period of duration:
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
8. If the amendment corrects any false statement, indicate the statement being corrected  
and the correction:
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned  
amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

  
Signature of a member or the authorized  
representative of a member

Gary Craft, Manager

Typed or printed name of signer

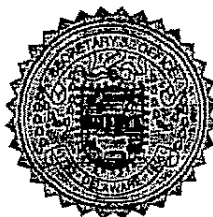
Filing Fee: \$25.00

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CH2M HILL/JOHNSON CONTROLS, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CH2M HILL/IAP, LLC", THE THIRTIETH DAY OF MARCH, A.D. 2005, AT 6:53 O'CLOCK P.M.



3631878 8320

050389334

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State  
AUTHENTICATION: 3876288

DATE: 05-12-05