

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

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**Mar 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P17568 (7)
1. Corporation Name
CH2M HILL INDUSTRIAL DESIGN CORPORATION



Principal Place of Business 2020 SW FOURTH AVE. 3RD FLOOR PORTLAND OR 97201	Mailing Address 2020 SW FOURTH AVE. 3RD FLOOR PORTLAND OR 97201-4953
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3. Date Incorporated or Qualified 01/08/1988	3a. Date of Last Report 05/01/1996
4. FEI Number 93-0879503	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALY, DONALD F	12 NAME	
STREET ADDRESS	2020 SW FOURTH AVENUE	13 STREET ADDRESS	
CITY - ST - ZIP	PORTLAND	14 CITY - ST - ZIP	
TITLE	VST <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, SUSAN D	22 NAME	
STREET ADDRESS	14204 SE CRYSTAL SPRINGS	23 STREET ADDRESS	
CITY - ST - ZIP	PORTLAND OR	24 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, RICHARD S	32 NAME	
STREET ADDRESS	2020 SW FOURTH AVENUE	33 STREET ADDRESS	
CITY - ST - ZIP	PORTLAND	34 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, GREGORY T	42 NAME	
STREET ADDRESS	7402 NE SACRAMENTO	43 STREET ADDRESS	
CITY - ST - ZIP	PORTLAND OR	44 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURANT, KENNETH F	52 NAME	
STREET ADDRESS	5420 BREYMAN ORCHARD RD	53 STREET ADDRESS	
CITY - ST - ZIP	DAYTON OR	54 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, RALPH	62 NAME	
STREET ADDRESS	82 FALCON HILLS DR	63 STREET ADDRESS	
CITY - ST - ZIP	HIGHLANDS RANCH CO	64 CITY - ST - ZIP	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: *Susan D. King* **Susan D. King** 3/6/97 (503) 224-6040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)