## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # P17568** Feb 02, 2000 8:00 am **Secretary of State** CH2M HILL INDUSTRIAL DESIGN CORPORATION 02-02-2000 90036 030 \*\*\*150.00 Principal Place of Business Mailing Address 2020 SW FOURTH AVE. 2020 SW FOURTH AVE. 3RD FLOOR 3RD FLOOR PORTLAND OR 97201 PORTLAND OR 97201-4953 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 93-0879503 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE Defete TITLE NAME DALY, DONALD F NAME STREET ADDRESS STREET ADDRESS 2020 SW FOURTH AVENUE CITY-ST-ZIP CITY-ST-ZIP PORTLAND Change Addition ☐ Delete TITLE NAME KING, SUSAN D NAME STREET ADDRESS 14204 SE CRYSTAL SPRINGS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORTLAND OR ☐ Delete TITLE ☐ Change Addition TITLE" REID, RICHARD S NAME NAME STREET ADDRESS 2020 SW FOURTH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **PORTLAND** ☐ Change ☐ Addition Delete TITLE TITLE YOUNG, GREGORY T NAME NAME STREET ADDRESS 7402 NE SACRAMENTO STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORTLAND OR ☐ Change ☐ Addition ☐ Delete TITLE TITLE DURANT, KENNETH F NAME NAME STREET ADDRESS STREET ADDRESS 5420 BREYMAN ORCHARD RD

Portland Oregon 97201 13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

DAYTON OR

PETERSON, RALPH

82 FALCON HILLS DR

HIGHLANDS RANCH CO

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Susan D. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

1/17/2000

2020 SW Fourth Avenue, 3rd Floor

E. Wayne Hanson

503/224-6040

☐ Change

X Addition