

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90314 014 \*\*\*150.00

**DOCUMENT # P17568**

1. Entity Name  
**CH2M HILL INDUSTRIAL DESIGN CORPORATION**

Name change: **CH2M Hill Industrial Design & Constr**

Principal Place of Business 2020 SW FOURTH AVE. 3RD FLOOR PORTLAND OR 97201	Mailing Address 2020 SW FOURTH AVE. 3RD FLOOR PORTLAND OR 97201
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>93-0879503</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City FL Zip Code \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DALY, DONALD F</b> <b>2020 SW FOURTH AVENUE</b> <b>PORTLAND</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VST</b> <b>KING, SUSAN D</b> <b>14204 SE CRYSTAL SPRINGS</b> <b>PORTLAND OR</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>REID, RICHARD S</b> <b>2020 SW FOURTH AVENUE</b> <b>PORTLAND</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>YOUNG, GREGORY T</b> <b>7402 NE SACRAMENTO</b> <b>PORTLAND OR</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DURANT, KENNETH F</b> <b>5420 BREYMAN ORCHARD RD</b> <b>DAYTON OR</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HANSON, E. WAYNE</b> <b>2020 SW FOURTH AVE 3RD FLOOR</b> <b>PORTLAND OR 97201</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Harry Dinihanian</b> <b>2020 SW 4th Avenue, 3d Floor</b> <b>Portland, Oregon 97201</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____

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.

SIGNATURE: Susan D. King **Susan D. King, Sec/Treasurer** 503.224.6040 4/13/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (10/00)