

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17568

FILED
Apr 10, 2006
Secretary of State

Entity Name: CH2M HILL INDUSTRIAL DESIGN & CONSTRUCTION, INC.

Current Principal Place of Business:

2020 SW 4TH AVENUE 3D FLOOR
PORTLAND, OR 97201

New Principal Place of Business:

Current Mailing Address:

2020 SW 4TH AVENUE 3D FLOOR
PORTLAND, OR 97201

New Mailing Address:

FEI Number: 93-0879503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR.
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VST () Delete
Name: KING, SUSAN D
Address: 2020 SW 4TH AVENUE 3D FLOOR
City-St-Zip: PORTLAND, OR 97201

Title: P () Delete
Name: LEMMON, GEORGE
Address: 2020 SW 4TH AVENUE 3D FLOOR
City-St-Zip: PORTLAND, OR 97201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN D. KING

SVP

04/10/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date