

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000007884

**FILED
Apr 11, 2022
Secretary of State
2172601524CC**

Entity Name: CH2M FACILITY SUPPORT SERVICES, LLC

Current Principal Place of Business:

6312 S. FIDDLER'S GREEN CIRCLE
SUITE 300N
GREENWOOD VILLAGE, CO 80111

Current Mailing Address:

6312 S. FIDDLER'S GREEN CIRCLE
SUITE 300N
GREENWOOD VILLAGE, CO 80111 US

FEI Number: 47-5494359

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Authorized Person(s) Detail :

Title MGR, CHAIRMAN, PRESIDENT
Name MELCHIORRE, KENNETH J
Address 6312 S. FIDDLER'S GREEN CIRCLE
SUITE 300N
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title ASST. SECRETARY
Name VLADIMIR, SHIFRIN
Address 6312 S. FIDDLER'S GREEN CIRCLE
SUITE 300N
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title MGR, SECRETARY, AUTHORIZED MEMBER
Name SCHER, BRIAN
Address 6312 S. FIDDLER'S GREEN CIRCLE
SUITE 300N
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title TREASURER
Name MICHAEL, CARLIN JAMES
Address 6312 S. FIDDLER'S GREEN CIRCLE
SUITE 300N
City-State-Zip: GREENWOOD VILLAGE CO 80111

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN SCHER

SECRETARY

04/11/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date