

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000007884

**Entity Name:** CH2M FACILITY SUPPORT SERVICES, LLC

**Current Principal Place of Business:**

9189 S JAMAICA ST.  
ENGLEWOOD, CO 80112

**Current Mailing Address:**

9191 S JAMAICA ST.  
ATTN: TAX  
ENGLEWOOD, CO 80112 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  
Name MELCHIORRE, KENNETH J  
Address 2411 DULLES CORNER PARK, STE.  
500  
City-State-Zip: HERNDON VA 20171

Title MGR  
Name TITZER, DOUG  
Address 1100 N. GLEBE RD., 5TH FL.  
City-State-Zip: ARLINGTON VA 22201

Title MGR, SECRETARY  
Name SHIFRIN, VLADIMIR  
Address 9191 S JAMAICA ST.  
City-State-Zip: ENGLEWOOD CO 80112

Title OFFICER  
Name LYON, DAVINIA J  
Address 9191 S. JAMAICA ST.  
City-State-Zip: ENGLEWOOD CO 80112

Title PRESIDENT  
Name ARNETTE, STEPHEN A  
Address 600 WILLIAM NORTHERN BLVD.  
City-State-Zip: TULLAHOMA TN 37388

*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:** DAVINIA J. LYON

**OFFICER**

**04/30/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date