

2021 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, PRESIDENT
Name	MELCHIORRE, KENNETH J
Address	2411 DULLES CORNER PARK, STE. 500
City-State-Zip:	HERNDON VA 20171

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

Title	MGR
Name	TITZER, DOUG
Address	1100 N. GLEBE RD., 5TH FL.
City-State-Zip:	ARLINGTON VA 22201
Title	OFFICER
Name	HSU, MIKE
Address	155 N. LAKE AVE.
City-State-Zip:	PASADENA CA 91101

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: MIKE HSU**SR. TAX DIRECTOR****04/01/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date