

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003479

Entity Name: CH2M HILL IDC FACILITIES SERVICES, INC.**Current Principal Place of Business:**2020 SW 4TH AVE., 3RD FLR
PORTLAND, OR 97201**Current Mailing Address:**9191 S. JAMAICA ST.
ATTN: TAX
ENGLEWOOD, CO 80112**FEI Number: 93-1227118****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
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**Officer/Director Detail :**

Title	P, DIRECTOR
Name	MERVIN, JEFFREY L
Address	2020 SW 4TH AVE., 3RD FLR
City-State-Zip:	PORTLAND OR 97201

Title	SECRETARY
Name	HILTY, SARAH K
Address	9191 S. JAMAICA ST.
City-State-Zip:	ENGLEWOOD CO 80112

Title	T/VP
Name	MATHEWS, STEVEN
Address	9191 S. JAMAICA ST.
City-State-Zip:	ENGLEWOOD CO 80112

Title	VP
Name	BAUER-MARTINEZ, JOHN
Address	9191 S. JAMAICA ST.
City-State-Zip:	ENGLEWOOD CO 80112

Title	DIR
Name	ELDREDGE, NATALIE L
Address	9189 S. JAMAICA ST., #400
City-State-Zip:	ENGLEWOOD CO 80112

Title	D/SVP
Name	SPERANZA, ELISA
Address	9189 S. JAMAICA ST., #400
City-State-Zip:	ENGLEWOOD CO 80112

Title	ASST. SECRETARY
Name	RIMAS, CHERYL JETT
Address	9191 S. JAMAICA ST.
City-State-Zip:	ENGLEWOOD CO 80112

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 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 all other like empowered.

SIGNATURE: JOHN BAUER-MARTINEZ**VICE PRESIDENT****04/21/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date