

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 856502 (0)

1. Corporation Name
KIEWIT INDUSTRIAL CO.

Principal Place of Business 1000 KIEWIT PLAZA OMAHA NE 68131	Mailing Address 1000 KIEWIT PLAZA OMAHA NE 68131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/19/1983	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 47-0647804	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	FL 85. Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					

SIGNATURE		(NOTE Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	EVP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUGHES, WILLIAM A		1.2 NAME		
STREET ADDRESS	1000 KIEWIT PLAZA		1.3 STREET ADDRESS		
CITY - ST - ZIP	OMAHA NE		1.4 CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, WILLIAM E.		2.2 NAME		
STREET ADDRESS	1000 KIEWIT PLAZA		2.3 STREET ADDRESS		
CITY - ST - ZIP	OMAHA NE		2.4 CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLINE, ROY		3.2 NAME		
STREET ADDRESS	100 KIEWIT PLAZA		3.3 STREET ADDRESS		
CITY - ST - ZIP	OMAHA NE		3.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STINSON, KENNETH E		4.2 NAME		
STREET ADDRESS	1000 KIEWIT PLAZA		4.3 STREET ADDRESS		
CITY - ST - ZIP	OMAHA NE		4.4 CITY - ST - ZIP		
TITLE	T	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ACKERMAN, LEE		5.2 NAME		
STREET ADDRESS	1000 KIEWIT PLACE		5.3 STREET ADDRESS		
CITY - ST - ZIP	OMAHA NE		5.4 CITY - ST - ZIP		
TITLE	S	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROBERT L. GILES, JR.		6.2 NAME		
STREET ADDRESS	1000 KIEWIT PLAZA		6.3 STREET ADDRESS		
CITY - ST - ZIP	OMAHA NE		6.4 CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME **President/Director**

3.3 STREET ADDRESS **Roy L. Cline**

3.4 CITY - ST - ZIP **1000 Kiewit Plaza**
Omaha, NE 68131

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME **Treasurer**

5.3 STREET ADDRESS **Gregory D. Brokke**

5.4 CITY - ST - ZIP **1000 Kiewit Plaza**
Omaha, NE 68131

6.1 TITLE Change Addition

6.2 NAME **Secretary**

6.3 STREET ADDRESS **Douglas A. Obermier**

6.4 CITY - ST - ZIP **1000 Kiewit Plaza**
Omaha, NE 68131

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

Douglas A. Obermier
 Secretary

SIGNATURE: *Douglas A. Obermier* 4/15/98 402-342-2052

CR2E034 (10/97)