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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 856502

1. Corporation Name
KIEWIT INDUSTRIAL CO.



Principal Place of Business
**1000 KIEWIT PLAZA
 OMAHA NE 68131**

Mailing Address
**1000 KIEWIT PLAZA
 OMAHA NE 68131**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 Accounting Operations		05/19/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 1000 Kiewit Plaza		47-0647804	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28 Omaha, NE		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29 68131-3374		30	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		29		30	

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			

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 _____
 Signature, typed or printed name of registered agent and title if applicable (NOT if Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	EVP	<input type="checkbox"/> DELETE	1.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGHES, WILLIAM A		1.2 NAME	Rodney K. Rosenthal	
STREET ADDRESS	1000 KIEWIT PLAZA		1.3 STREET ADDRESS	1000 Kiewit Plaza	
CITY-ST-ZIP	OMAHA NE		1.4 CITY-ST-ZIP	Omaha, NE 68131-3374	
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	Exec. Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, WILLIAM E.		2.2 NAME	William K. Burkhart	
STREET ADDRESS	1000 KIEWIT PLAZA		2.3 STREET ADDRESS	1000 Kiewit Plaza	
CITY-ST-ZIP	OMAHA NE		2.4 CITY-ST-ZIP	Omaha, NE 68131-3374	
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE	Senior Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLINE, ROY		3.2 NAME	Chris W. Hyvonen	
STREET ADDRESS	100 KIEWIT PLAZA		3.3 STREET ADDRESS	1000 Kiewit Plaza	
CITY-ST-ZIP	OMAHA NE 68131		3.4 CITY-ST-ZIP	Omaha, NE 68131-3374	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Senior Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STINSON, KENNETH E		4.2 NAME	Peter W. Miller	
STREET ADDRESS	1000 KIEWIT PLAZA		4.3 STREET ADDRESS	1000 Kiewit Plaza	
CITY-ST-ZIP	OMAHA NE		4.4 CITY-ST-ZIP	Omaha, NE 68131-3374	
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROKKE, GREGORY D		5.2 NAME		
STREET ADDRESS	1000 KIEWIT PLAZA		5.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE 68131		5.4 CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OBERMIER, DOUGLAS A		6.2 NAME		
STREET ADDRESS	1000 KIEWIT PLAZA		6.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE 68131		6.4 CITY-ST-ZIP		

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, with a letter like empowered.

SIGNATURE: *Rodney K. Rosenthal* Rodney K. Rosenthal 4/23/99 402-342-2052
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)