

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90258 047 ***150.00

DOCUMENT # 856502

1. Entity Name
KIEWIT INDUSTRIAL CO.

Principal Place of Business 1000 KIEWIT PLAZA OMAHA NE 68131	Mailing Address ACCT. OPERATIONS 1000 KIEWIT PLAZA OMAHA NE 68131-3302
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **47-0647804**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSENTHAL, RODNEY K 1000 KIEWIT PLAZA OMAHA NE 68131-3374 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP. BURKHART, WILLIAM K 1000 KIEWIT PLAZA OMAHA NE 68131-3374 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HYVONEN, CHRIS W 100 KIEWIT PLAZA OMAHA NE 68131 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, PETER W 1000 KIEWIT PLAZA OMAHA NE 68131-3374 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROKKE, GREGORY D 1000 KIEWIT PLAZA OMAHA NE 68131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition William A Hughes Sr 1000 Kiewit Plaza Omaha NE 68131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition William E Davis 1000 Kiewit Plaza Omaha NE 68131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Chris W Hyvonen 1000 Kiewit Plaza Omaha NE 68131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Peter W Miller 1000 Kiewit Plaza Omaha NE 68131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Rodney K. Rosenthal, Secretary**

Date: **4/25/00** Daytime Phone #: **402-342-2052**