2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 856502

Entity Name: KIEWIT INDUSTRIAL CO

FILED Apr 26, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
KIEWIT PLAZA OMAHA, NE 68131						
Current Mailing Address:			New Mailing Address:			
TAX & REGULATORY REPORTING KIEWIT PLAZA OMAHA, NE 68131						
FEI Number: 47-0647804 FEI Number Applied For () FEI Number			FEI Num	ber Not Appli	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CT CORPORATION SYSTEM 1200 S. 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						
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	S () I NORTON, MICHA KIEWIT PLAZA OMAHA, NE 681			Title: Name: Address: City-St-Zip:	S (X) Change () Addition NORTON, MICHAEL F KIEWIT PLAZA OMAHA, NE 68131	
Title: Name: Address: City-St-Zip:	D () [PATTERSON, DO KIEWIT PLAZA OMAHA, NE 681			Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	P () I BARTON, HOWA 8215 MELROSE LENEXA, KS 66	DRIVE		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	V ()[LANGFORD, MAI 8215 MELROSE LENEXA, KS 66	DRIVE	!	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition LANGFORD, MARK D 8215 MELROSE DRIVE LENEXA, KS 66214	
Title: Name: Address: City-St-Zip:	T () [WHETSTINE, MI KIEWIT PLAZA OMAHA, NE 681			Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	V () I PIECHOSKI, MIC KIEWIT PLAZA OMAHA, NE 681			Title: Name: Address: City-St-Zip:	VP (X) Change () Addition PIECHOSKI, MICHAEL J KIEWIT PLAZA OMAHA, NE 68131	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LOREE C. RUNYAN-PICK AT 04/26/2006