

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 856502

FILED
Apr 19, 2007
Secretary of State

Entity Name: KIEWIT INDUSTRIAL CO.

Current Principal Place of Business:

KIEWIT PLAZA
OMAHA, NE 68131

New Principal Place of Business:

Current Mailing Address:

TAX & REGULATORY REPORTING
KIEWIT PLAZA
OMAHA, NE 68131

New Mailing Address:

FEI Number: 47-0647804 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: S () Delete
Name: NORTON, MICHAEL F
Address: KIEWIT PLAZA
City-St-Zip: OMAHA, NE 68131

Title: D () Delete
Name: PATTERSON, DOUGLAS E
Address: KIEWIT PLAZA
City-St-Zip: OMAHA, NE 68131

Title: P () Delete
Name: BARTON, HOWARD L
Address: 8215 MELROSE DRIVE
City-St-Zip: LENEXA, KS 66214

Title: VP () Delete
Name: LANGFORD, MARK D
Address: 8215 MELROSE DRIVE
City-St-Zip: LENEXA, KS 66214

Title: T () Delete
Name: WHETSTINE, MICHAEL J
Address: KIEWIT PLAZA
City-St-Zip: OMAHA, NE 68131

Title: VP () Delete
Name: PIECHOSKI, MICHAEL J
Address: KIEWIT PLAZA
City-St-Zip: OMAHA, NE 68131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: WHETSTINE, MICHAEL J
Address: KIEWIT PLAZA
City-St-Zip: OMAHA, NE 68131

Title: AC (X) Change () Addition
Name: RILEY, TIMOTHY S
Address: KIEWIT PLAZA
City-St-Zip: 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: TIMOTHY S. RILEY

AC

04/19/2007

Electronic Signature of Signing Officer or Director

_____ Date