

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
95 MAY -1 AM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000000667 (6)**

1. Corporation Name
KIEWIT SUPPORT SERVICES, INC.

Principal Place of Business Mailing Address
1000 KIEWIT PLAZA OMAHA NE 68131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/29/1993** 3a. Date of Last Report **05/01/1994**
4. FEI Number **58-2005996** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	VP & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWAN, CHARLES A JR	1.2 NAME	David D. Beaudoin
STREET ADDRESS	1000 KIEWIT PLAZA Delete	1.3 STREET ADDRESS	1000 Kiewit Plaza
CITY - ST - ZIP	OMAHA NE 68131	1.4 CITY - ST - ZIP	Omaha, NE 68131
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, HARLEY C Delete	2.2 NAME	
STREET ADDRESS	1000 KIEWIT PLAZA	2.3 STREET ADDRESS	
CITY - ST - ZIP	OMAHA NE 68131	2.4 CITY - ST - ZIP	
TITLE	P	3.1 TITLE	P & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, THOMAS	3.2 NAME	Thomas Wallace
STREET ADDRESS	1000 KIEWIT PLAZA	3.3 STREET ADDRESS	1000 Kiewit Plaza
CITY - ST - ZIP	OMAHA NE 68131	3.4 CITY - ST - ZIP	Omaha, NE 68131
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREUNSBACH, WILLIAM C	4.2 NAME	
STREET ADDRESS	1000 KIEWIT PLAZA	4.3 STREET ADDRESS	
CITY - ST - ZIP	OMAHA NE 68131	4.4 CITY - ST - ZIP	
TITLE	AS	5.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARNS, ALLEN C	5.2 NAME	Allen R. Kearns
STREET ADDRESS	1000 KIEWIT PLAZA	5.3 STREET ADDRESS	1000 Kiewit Plaza
CITY - ST - ZIP	OMAHA NE 68131	5.4 CITY - ST - ZIP	Omaha, NE 68131
TITLE	ST	6.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, TIMOTHY A Delete	6.2 NAME	Lee Ackerman
STREET ADDRESS	1000 KIEWIT PLAZA	6.3 STREET ADDRESS	1000 Kiewit Plaza
CITY - ST - ZIP	OMAHA NE 68131	6.4 CITY - ST - ZIP	Omaha, NE 68131

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Allen R. Kearns 4-26-95 402-342-2052
Signature and typed or printed name of signing officer or director Date Filing Fee #
Allen R. Kearns - Secretary