

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAY -1 PM 1:33**

**DOCUMENT # F94000005009 (5)**

1. Corporation Name

**KIEWIT INFRASTRUCTURE CORP.**

Principal Place of Business

Mailing Address

1000 KIEWIT PLAZA  
OMAHA NE 68131

1000 KIEWIT PLAZA  
OMAHA NE 68131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

09/27/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

47-0775797

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. The corporation has liability for intangible tax under § 199.019  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

(Print or type name of registered agent and office location)

(Print or type name of registered agent and office location)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP  
NAME JAROS, RICHARD R  
STREET ADDRESS 1000 KIEWIT PLAZA  
CITY, ST, ZIP OMAHA NE 68131

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP

TITLE S  
NAME KEARNS, ALLEN R  
STREET ADDRESS 1000 KIEWIT PLAZA  
CITY, ST, ZIP OMAHA NE 68131

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY, ST, ZIP

TITLE Y  
NAME MCCULLOCH, ANN C  
STREET ADDRESS 1000 KIEWIT PLAZA  
CITY, ST, ZIP OMAHA NE 68131

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 liquidator responsible to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or as an attachment with an address.

SIGNATURE:

*Allen R Kearns*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Allen R Kearns

4/11/95

(402) 342-2052