

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**DOCUMENT # P06708**

**(2)**

1. Corporation Name

**KIEWIT CONSTRUCTION COMPANY**

95 MAY -1 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1000 KIEWIT PLAZA  
OMAHA NE 68131

Mailing Address

1000 KIEWIT PLAZA  
OMAHA NE 68131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/11/1985** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

24

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

29

Zip

Country

30

4. FEI Number

**47-0640263**

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

6. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>
NAME	<b>KEARNEY, LEONARD W.</b>
STREET ADDRESS	<b>1000 KIEWIT PLAZA</b>
CITY - ST - ZIP	<b>OMAHA NE</b>
TITLE	<b>VP</b>
NAME	<b>MINARCINI, RONALD J.</b>
STREET ADDRESS	<b>1000 KIEWIT PLAZA</b>
CITY - ST - ZIP	<b>OMAHA NE</b>
TITLE	<b>VP</b>
NAME	<b>TRESSLAR, BRUCE A.</b>
STREET ADDRESS	<b>3921 MASON ST.</b>
CITY - ST - ZIP	<b>OMAHA NE</b>
TITLE	<b>VP</b>
NAME	<b>TESTA, JOHN M.</b>
STREET ADDRESS	<b>16 TROTTER DR.</b>
CITY - ST - ZIP	<b>MEDWAY MA</b>
TITLE	<b>VP</b>
NAME	<b>BISHOP, ROBERT D.</b>
STREET ADDRESS	<b>4904 LAKE WASHINGTON BLVD. NE</b>
CITY - ST - ZIP	<b>RENTON WA</b>
TITLE	<b>VP</b>
NAME	<b>PATTERSON, DOUGLAS E.</b>
STREET ADDRESS	<b>6797 DORSEY ROAD</b>
CITY - ST - ZIP	<b>BALTIMORE MD</b>

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>Please see attached list</b>
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(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 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*

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Allen R. Kearns - Secretary**

4-27-95


Date

402-342-2052

Telephone #

**KIEWIT CONSTRUCTION COMPANY**

**OFFICERS**

<u>Office</u>	<u>Name</u>	<u>Business Address</u>
President	Leonard W. Kearney	1000 Kiewit Plaza Omaha, NE 68131
Vice President	Ronald J. Minarcini	1000 Kiewit Plaza Omaha, NE 68131
Vice President	Bruce A. Tresslar	3921 Mason Street Omaha, NE 68105-1840
Vice President	John M. Testa	16 Trotter Drive Medway, MA 02053
Vice President	Robert D. Bishop	4904 Lake Washington Blvd NE Renton, WA 98056-0320
Vice President	Douglas E. Patterson	6797 Dorsey Road Baltimore, MD 21227-6206
Vice President	Thomas C. Stortz	1000 Kiewit Plaza Omaha, NE 68131
Treasurer	Lee Ackerman	1000 Kiewit Plaza Omaha, NE 68131
Secretary	 Allen R. Kearns	1000 Kiewit Plaza Omaha, NE 68131
Assistant Secretary	Carl J. Davidson	4904 Lake Washington Blvd NE Renton, WA 98056-0320
Assistant Secretary	Robert J. Hebler	16 Trotter Drive Medway, MA 02053
Assistant Secretary	Thomas R. Waltner	6797 Dorsey Road Baltimore, MD 21227-6206

**DIRECTOR**

Leonard W. Kearney  
1000 Kiewit Plaza  
Omaha, NE 68131