2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005335

Entity Name: BIBB AND ASSOCIATES, INC.

FILED Apr 12, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
8455 LENEX LENEXA, K								
Current Mailing Address:				New Mailing Address:				
KIEWIT PLAZA ACCOUNTING OPERATIONS OMAHA, NE 68131				TAX & REGULATORY REPORTING KIEWIT PLAZA OMAHA, NE 68131				
FEI Number:	43-1834182	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US								
The above r in the State		bmits this statement for the pur	pose of	f changing its	s registered of	fice or registered agent, or	both,	
SIGNATUR	E:							
	Electronic	Signature of Registered Agent				Date		
Election Cam	paign Financing	Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D () E PATTERSON, DO KIEWIT PLAZA OMAHA, NE 681			Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	D (X) E BIBB, ROBERT A 8455 LENEXA DR LENEXA, KS 662	RIVE		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	PD () E BURKHART, WIL 8455 LENEXA DE LENEXA, KS 662	RIVE		Title: Name: Address: City-St-Zip:	P (X) BURKHART, WII 8455 LENEXA D LENEXA, KS 66	RIVE		
Title: Name: Address: City-St-Zip:	VP () E ESTES, GLYNN F 8455 LENEXA DF LENEXA, KS 662	RODNEY RIVE		Title: Name: Address: City-St-Zip:	VS (X) ESTES, GLYNN 8455 LENEXA D LENEXA, KS 66	RIVE		
Title: Name: Address: City-St-Zip:	VP () E BURNS, JOHN R 8455 LENEXA DR LENEXA, KS 662			Title: Name: Address: City-St-Zip:	V (X) BURNS, JOHN F 8455 LENEXA D LENEXA, KS 66	RIVE		
Title: Name: Address: City-St-Zip:	T () E FORSYTHE, MAF 8455 LENEXA DF LENEXA, KS 662	RIVE		Title: Name: Address: City-St-Zip:	()	Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARTHA J. FORSYTHE T 04/12/2005