

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90808 011 \*\*\*150.00

0650701 AT

**DOCUMENT # F99000005335**

1. Entity Name

**BIBB AND ASSOCIATES, INC.**



Principal Place of Business  
**6750 ANTIOCH ROAD  
SHAWNEE MISSION KS 66204**

Mailing Address  
**KIEWIT PLAZA  
ACCOUNTING OPERATIONS  
OMAHA NE 68131**



2. Principal Place of Business  
**8455 Lenexa Drive**

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Lenexa, KS**

City & State

4. FEI Number **43-1834182**

Applied For  
Not Applicable

Zip  
**66214**

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **C** ☒ Delete  
NAME **CLINE, ROY L**  
STREET ADDRESS **KIEWIT PLAZA**  
CITY-ST-ZIP **OMAHA NE 68131**

TITLE **D** ☐ Delete  
NAME **BIBB, ROBERT A**  
STREET ADDRESS **8455 LENEXA DRIVE**  
CITY-ST-ZIP **LENEXA KS 66214**

TITLE **PD** ☐ Delete  
NAME **BURKHART, WILLIAM K**  
STREET ADDRESS **8455 LENEXA DRIVE**  
CITY-ST-ZIP **LENEXA KS 66214**

TITLE **V** ☒ Delete  
NAME **MESSER, PHILIP H**  
STREET ADDRESS **8455 LENEXA DRIVE**  
CITY-ST-ZIP **LENEXA KS 66214**

TITLE **V** ☐ Delete  
NAME **BURNS, JOHN R**  
STREET ADDRESS **8455 LENEXA DRIVE**  
CITY-ST-ZIP **LENEXA KS 66214**

TITLE **V** ☒ Delete  
NAME **LANGFORD, MARK D**  
STREET ADDRESS **8455 LENEXA DRIVE**  
CITY-ST-ZIP **LENEXA KS 66214**

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CHAIRMAN & DIRECTOR** ☐ Change ☒ Addition  
NAME **PATTERSON, DOUGLAS E**  
STREET ADDRESS **KIEWIT PLAZA**  
CITY-ST-ZIP **OMAHA, NE 68131-3374**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
NAME **ESTES, GLYNN RODNEY**  
STREET ADDRESS **8455 LENEXA DRIVE**  
CITY-ST-ZIP **LENEXA, KS 66214**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SECRETARY** ☐ Change ☒ Addition  
NAME **BROKKE, GREGORY D**  
STREET ADDRESS **KIEWIT PLAZA**  
CITY-ST-ZIP **OMAHA, NE 68131-3374**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Gregory D. Brokke*

**Gregory D. Brokke**

**04/25/03**

**402-342-2052**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Secretary**

Date

Daytime Phone #

CR2E034 (10/02)