

2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000001119

Entity Name: AMERICAN PUBLIC WORKS ASSOCIATION CORPORATION**Current Principal Place of Business:**1200 MAIN STREET
SUITE 1400
KANSAS CITY, MO 64105**Current Mailing Address:**1200 MAIN STREET
SUITE 1400
KANSAS CITY, MO 64105 US**FEI Number:** 36-2202880**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	REGION I DIRECTOR
Name	BENEVENTO, RICHARD
Address	1200 MAIN STREET SUITE 1400
City-State-Zip:	KANSAS CITY MO 64105

Title	REGION VII DIRECTOR
Name	FABIANO, DAVID
Address	1200 MAIN STREET SUITE 1400
City-State-Zip:	KANSAS CITY MO 64105

Title	PAST PRESIDENT
Name	BROWN, STAN
Address	1200 MAIN STREET SUITE 1400
City-State-Zip:	KANSAS CITY MO 64105

Title	PRESIDENT
Name	PUGH, KEITH
Address	1200 MAIN STREET SUITE 1400
City-State-Zip:	KANSAS CITY MO 64105

Title	DIRECTOR AT LARGE, ENGINEERING AND TECHNOLOGY
Name	NEAL, JIM
Address	1200 MAIN STREET SUITE 1400
City-State-Zip:	KANSAS CITY MO 64105

Title	DIRECTOR AT LARGE, ENVIRONMENTAL MANAGEMENT
Name	RAPP, LISA ANN
Address	1200 MAIN STREET SUITE 1400
City-State-Zip:	KANSAS CITY MO 64105

Title	PRESIDENT ELECT
Name	LOSIER, GARY
Address	1200 MAIN STREET SUITE 1400
City-State-Zip:	KANSAS CITY MO 64105

Title	EXECUTIVE SECRETARY
Name	GRAYSON, SCOTT
Address	1200 MAIN STREET SUITE 1400
City-State-Zip:	KANSAS CITY MO 64105

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I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT GRAYSON**SECRETARY****04/20/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR, REGION VI
Name JOHNSON, JOSEPH
Address 1200 MAIN STREET
SUITE 1400
City-State-Zip: KANSAS CITY MO 64105

Title DIRECTOR, REGION II, TREASURER
Name LONGOBARDI, DOMINICK
Address 1200 MAIN STREET
SUITE 1400
City-State-Zip: KANSAS CITY MO 64105

Title DIRECTOR AT LARGE, FLEET AND FACILITIES
MANAGEMENT
Name BIANES, VIC
Address 1200 MAIN STREET
SUITE 1400
City-State-Zip: KANSAS CITY MO 64105

Title DIRECTOR AT LARGE, TRANSPORTATION
Name ALLISON, HELENA
Address 1200 MAIN STREET
SUITE 1400
City-State-Zip: KANSAS CITY MO 64105

Title DIRECTOR, REGION VIII
Name JOUBIN, PAKPOUR
Address 1200 MAIN STREET
SUITE 1400
City-State-Zip: KANSAS CITY MO 64105

Title DIRECTOR, REGION IV
Name GARLAND, ROBERT
Address 1200 MAIN STREET
SUITE 1400
City-State-Zip: KANSAS CITY MO 64105

Title DIRECTOR, REGION V
Name O'DELL, SEAN EDWARD
Address 1200 MAIN STREET
SUITE 1400
City-State-Zip: KANSAS CITY MO 64105

Title DIRECTOR AT LARGE, LEADERSHIP
AND MANAGEMENT
Name KROEGER, LAURA
Address 1200 MAIN STREET
SUITE 1400
City-State-Zip: KANSAS CITY MO 64105

Title REGION III DIRECTOR
Name JEFFERY, BROWN
Address 1200 MAIN STREET
SUITE 1400
City-State-Zip: KANSAS CITY MO 64105

Title DIRECTOR, REGION IX
Name KRISTINA, NELSON
Address 1200 MAIN STREET
SUITE 1400
City-State-Zip: KANSAS CITY MO 64105