

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 807367

**Entity Name:** SKANSKA USA CIVIL SOUTHEAST INC.

**Current Principal Place of Business:**

2600 MAITLAND CENTER PKWY  
SUITE 250  
MAITLAND, FL 32751

**FILED**  
**Jan 31, 2022**  
**Secretary of State**  
**5017145661CC**

**Current Mailing Address:**

2600 MAITLAND CENTER PKWY  
SUITE 250  
MAITLAND, FL 32751 US

**FEI Number: 54-0406660**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 VP  
Name BROOKSHIRE, JAMES K III  
Address 713 BROADOAK LOOP  
City-State-Zip: SANFORD FL 32771

Title VP  
Name FULTON, THOMAS J  
Address 1717 WESTERFIELD ROAD  
City-State-Zip: VIRGINIA BEACH VA 23455

Title ASST. SECRETARY  
Name VANDYKE, NICOLE G  
Address 205 RIVER INLET ROAD  
City-State-Zip: SUFFOLK VA 23434

Title DIRECTOR, ASST. SECRETARY  
Name MANTYLA, JARI  
Address 75-20 ASTORIA BOULEVARD  
SUITE 200  
City-State-Zip: EAST ELMHURST NY 11370

Title VP  
Name LEFAVE, PHILLIP J  
Address 19310 WATER MAPLE DRIVE  
City-State-Zip: TAMPA FL 33647

Title VP, ASST. SECRETARY  
Name MCCLEMENS, PHILIP J.  
Address 2100 CHIPPEWA TRAIL  
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR  
Name DI PAOLO, MICHAEL  
Address 75-20 ASTORIA BOULEVARD  
SUITE 200  
City-State-Zip: EAST ELMHURST NY 11370

Title EXECUTIVE VICE PRESIDENT,  
DIRECTOR  
Name STIERITZ, BRIAN C.  
Address 2600 MAITLAND CENTER PKWY  
SUITE 250  
City-State-Zip: MAITLAND FL 32751

**Continues on page 2**

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

**SIGNATURE: MCCLEMENS , PHILIP J.**

**VP, ASST SECRETARY**

**01/31/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title CFO  
Name HUGHES, STEPHEN  
Address 75-20 ASTORIA BOULEVARD  
SUITE 200  
City-State-Zip: EAST ELMHURST NY 11370