

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000004579

Entity Name: KIEWIT WATER FACILITIES FLORIDA CO.**Current Principal Place of Business:**5757 BLUE LAGOON DR.
SUITE 200
MIAMI, FL 33126**Current Mailing Address:**PROJECT AND FINANCIAL ACCOUNTING
1550 MIKE FAHEY ST
OMAHA, NE 68102 US**FEI Number:** 83-1927102**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 P
Name GOYER, JAMES P
Address 5757 BLUE LAGOON DR.
SUITE 200
City-State-Zip: MIAMI FL 33126

Title VP
Name ALLEN, MATTHEW C.
Address 5757 BLUE LAGOON DR.
SUITE 200
City-State-Zip: MIAMI FL 33126

Title CONTROLLER
Name NOLAN, JAMES M.
Address 1550 MIKE FAHEY ST
City-State-Zip: OMAHA NE 68102

Title T
Name THOMAS, STEPHEN S
Address 1550 MIKE FAHEY ST
City-State-Zip: OMAHA NE 68102

Title S
Name NORTON, MICHAEL F
Address 1550 MIKE FAHEY ST
City-State-Zip: OMAHA NE 68102

Title ASST. SECRETARY
Name KAMPSCHNEIDER, DEAN J
Address 1550 MIKE FAHEY ST
City-State-Zip: OMAHA NE 68102

Title D
Name CARLSGAARD, TERRY J
Address 4790 REGENT BLVD
SUITE 150
City-State-Zip: IRVING TX 75063

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: MICHAEL F. NORTON**SECRETARY****04/10/2021**

Electronic Signature of Signing Officer/Director Detail

Date