

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 22 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 844159 (4)**

1. Corporation Name  
**MASS. ELECTRIC CONSTRUCTION CO.**



Principal Place of Business <b>180 GUEST STREET BOSTON MA 02135-9028</b>	Mailing Address <b>180 GUEST STREET BOSTON MA 02135-9028</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/18/1979</b>		4. FEI Number <b>04-1590230</b>		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
City & State 23	City & State 28			
Zip 24	Country 25	Zip 29	Country 30	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGINO, FRANCIS C	1.2 NAME	
STREET ADDRESS	78 CARLSBROOKE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY, MA 00000	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Clerk <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GENTILE, JOSEPH T	2.2 NAME	Rodney K. Rosenthal
STREET ADDRESS	120 PROSPECT STREET	2.3 STREET ADDRESS	1000 Kiewit Plaza
CITY-ST-ZIP	ASHLAND MA	2.4 CITY-ST-ZIP	Omaha, NE 68131
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGINO, MICHAEL F	3.2 NAME	
STREET ADDRESS	24 ARNOLD RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY HILLS, MA00000	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Vice President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERMER, RICHARD	4.2 NAME	Richard A. Stermer
STREET ADDRESS	1000 KIEWIT PL	4.3 STREET ADDRESS	1000 Kiewit Plaza
CITY-ST-ZIP	OMAHA NE	4.4 CITY-ST-ZIP	Omaha, NE 68131
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Gregory D. Brokke
STREET ADDRESS		5.3 STREET ADDRESS	1000 Kiewit Plaza
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Omaha, NE 68131
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Assistant Clerk <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	James P. Milmo
STREET ADDRESS		6.3 STREET ADDRESS	180 Guest Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Boston, MA 02135-2028

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

*Rodney K. Rosenthal*  
 Rodney K. Rosenthal

CR2E034 (10/97)