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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90050 030 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 844159

1. Corporation Name
MASS. ELECTRIC CONSTRUCTION CO.



Principal Place of Business 180 GUEST STREET BOSTON MA 02135-9028	Mailing Address 1000 KIEWIT PLAZA ACCOUNTING OPERATIONS OMAHA NE 68131-3374 US
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DO NOT WRITE IN THIS SPACE

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME ANGINO, FRANCIS C	1.1 TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 78 CARLSBROOKE RD.	CITY-ST-ZIP WELLESLEY, MA 00000	1.2 NAME Mark E. Belmont	
		1.3 STREET ADDRESS 1000 Kiewit Plaza	
		1.4 CITY-ST-ZIP Omaha, NE 68131-3374	
TITLE C	NAME ROSENTHAL, RODNEY K.	2.1 TITLE Assistant Clerk	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1000 KIEWIT PLAZA	CITY-ST-ZIP OMAHA NE 68131	2.2 NAME Thomas R. Waltner	
		2.3 STREET ADDRESS 180 Guest Street	
		2.4 CITY-ST-ZIP Boston, MA 02135	
TITLE VD	NAME ANGINO, MICHAEL F	3.1 TITLE Assistant Clerk	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 24 ARNOLD RD	CITY-ST-ZIP WELLESLEY HILLS, MA00000	3.2 NAME Edward Delosh	
		3.3 STREET ADDRESS 180 Guest Street	
		3.4 CITY-ST-ZIP Boston, MA 02135	
TITLE VPD	NAME STERMER, RICHARD	4.1 TITLE Assistant Clerk	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1000 KIEWIT PL	CITY-ST-ZIP OMAHA NE 68131	4.2 NAME Marche Milano Kellerhals	
		4.3 STREET ADDRESS 180 Guest Street	
		4.4 CITY-ST-ZIP Boston, MA 02135	
TITLE T	NAME BROKKE, GREGORY D.	5.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1000 KIEWIT PLAZA	CITY-ST-ZIP OMAHA NE 68131	5.2 NAME Roy L. Cline	
		5.3 STREET ADDRESS 1000 Kiewit Plaza	
		5.4 CITY-ST-ZIP Omaha, NE 68131-3374	
TITLE AC	NAME MILMOE, JAMES P.	6.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 180 GUEST ST	CITY-ST-ZIP BOSTON MA 02135	6.2 NAME Kenneth E. Stinson	
		6.3 STREET ADDRESS 1000 Kiewit Plaza	
		6.4 CITY-ST-ZIP Omaha, NE 68131-3374	

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, with all other like empowered.

SIGNATURE: *Rodney K. Rosenthal* **Rodney K. Rosenthal** 4/23/99 402-342-2052
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)