


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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90050 030 \*\*\*150.00

0650169

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # 844159**  
 1. Corporation Name  
**MASS. ELECTRIC CONSTRUCTION CO.**



Principal Place of Business <b>180 GUEST STREET BOSTON MA 02135-9028</b>	Mailing Address <b>1000 KIEWIT PLAZA ACCOUNTING OPERATIONS OMAHA NE 68131-3374 US</b>
---	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 25	Country 30

3. Date Incorporated or Qualified <b>09/18/1979</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>04-1590230</b>		
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b>	Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b>	May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ 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 <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ANGINO, FRANCIS C</b>		1.2 NAME <b>Mark E. Belmont</b>	
STREET ADDRESS <b>78 CARLSBROOKE RD.</b>		1.3 STREET ADDRESS <b>1000 Kiewit Plaza</b>	
CITY-ST-ZIP <b>WELLESLEY, MA 00000</b>		1.4 CITY-ST-ZIP <b>Omaha, NE 68131-3374</b>	
TITLE <b>C</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>Assistant Clerk</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ROSENTHAL, RODNEY K.</b>		2.2 NAME <b>Thomas R. Waltner</b>	
STREET ADDRESS <b>1000 KIEWIT PLAZA</b>		2.3 STREET ADDRESS <b>180 Guest Street</b>	
CITY-ST-ZIP <b>OMAHA NE 68131</b>		2.4 CITY-ST-ZIP <b>Boston, MA 02135</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>Assistant Clerk</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ANGINO, MICHAEL F</b>		3.2 NAME <b>Edward Delosh</b>	
STREET ADDRESS <b>24 ARNOLD RD</b>		3.3 STREET ADDRESS <b>180 Guest Street</b>	
CITY-ST-ZIP <b>WELLESLEY HILLS, MA00000</b>		3.4 CITY-ST-ZIP <b>Boston, MA 02135</b>	
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>Assistant Clerk</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>STERMER, RICHARD</b>		4.2 NAME <b>Marche Milano Kellerhals</b>	
STREET ADDRESS <b>1000 KIEWIT PL</b>		4.3 STREET ADDRESS <b>180 Guest Street</b>	
CITY-ST-ZIP <b>OMAHA NE 68131</b>		4.4 CITY-ST-ZIP <b>Boston, MA 02135</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BROKKE, GREGORY D.</b>		5.2 NAME <b>Roy L. Cline</b>	
STREET ADDRESS <b>1000 KIEWIT PLAZA</b>		5.3 STREET ADDRESS <b>1000 Kiewit Plaza</b>	
CITY-ST-ZIP <b>OMAHA NE 68131</b>		5.4 CITY-ST-ZIP <b>Omaha, NE 68131-3374</b>	
TITLE <b>AC</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MILMOE, JAMES P.</b>		6.2 NAME <b>Kenneth E. Stinson</b>	
STREET ADDRESS <b>180 GUEST ST</b>		6.3 STREET ADDRESS <b>1000 Kiewit Plaza</b>	
CITY-ST-ZIP <b>BOSTON MA 02135</b>		6.4 CITY-ST-ZIP <b>Omaha, NE 68131-3374</b>	

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)