

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90167 050 \*\*\*150.00

**DOCUMENT # 844159**

1. Entity 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 68131-3302 US
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>04-1590230</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
Zip Code

8. 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: *[Signature]* DATE: \_\_\_\_\_

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		
TITLE VP	NAME BELMONT, MARK E	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1000 KIEWIT PLAZA	CITY-ST-ZIP OMAHA NE 66131-3374	
TITLE AC	NAME WALTNER, THOMAS R	<input type="checkbox"/> Delete
STREET ADDRESS 180 GUEST ST.	CITY-ST-ZIP BOSTON MA 02135	
TITLE AC	NAME DELOSH, EDWARD	<input type="checkbox"/> Delete
STREET ADDRESS 180 GUEST ST.	CITY-ST-ZIP BOSTON MA 02135	
TITLE AC	NAME KELLERHALS, MARCHE M	<input type="checkbox"/> Delete
STREET ADDRESS 180 GUEST ST.	CITY-ST-ZIP BOSTON MA 02135	
TITLE D	NAME CLINE, ROY L	<input type="checkbox"/> Delete
STREET ADDRESS 1000 KIEWIT PLAZA	CITY-ST-ZIP OMAHA NE 68131	
TITLE D	NAME STINSON, KENNETH E	<input type="checkbox"/> Delete
STREET ADDRESS 1000 KIEWIT PLAZA	CITY-ST-ZIP OMAHA NE 68131	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE President/Director	NAME Francis C Angino	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 180 Guest Street	CITY-ST-ZIP Boston MA 02135	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4/25/00 DAYTIME PHONE #: 402-342-2052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Rodney K. Rosenthal, Clerk**

CR2E034 (9/99)