


2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 11, 2006 8:00 am
Secretary of State

01-11-2006 90009 020 ***150.00

DOCUMENT # F05000004703	
1. Entity Name SKANSKA USA CIVIL INC	

Principal Place of Business 16-16 WHITESTONE EXPRESSWAY WHITESTONE, NY 11357	Mailing Address 16-16 WHITESTONE EXPRESSWAY WHITESTONE, NY 11357
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
01032006	Chg-P CR2E034 (11/05)
4. FEI Number 46-0466061	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GRAHAM, STUART E 16-16 WHITESTONE EXPRESSWAY WHITESTONE, NY 11357 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT ANDERSSON, HANS 16-16 WHITESTONE EXPRESSWAY WHITESTONE, NY 11357 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP EASTWOOD, DAVID 16-16 WHITESTONE EXPRESSWAY WHITESTONE, NY 11357 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOCH, ROBERT W JR 16-16 WHITESTONE EXPRESSWAY WHITESTONE, NY 11357 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MANCINI, SALVATORE 16-16 WHITESTONE EXPRESSWAY WHITESTONE, NY 11357 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TOR KRUSELL 16-16 WHITESTONE EXPRESSWAY WHITESTONE, NY 11357 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN JOHAN KARLSTROM 16-16 WHITESTONE EXPRESSWAY WHITESTONE, NY 11357 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CAMILLE D'ALESSANDRO 16-16 WHITESTONE EXPRESSWAY WHITESTONE, NY 11357 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Camille D'Alessandro** Secretary January 3, 2006 718-747-3454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #