

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number

**46-0466061**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000603046  
01/26/07-80116-006 150.00**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	KARLSTROM, JOHAN
STREET ADDRESS	16-16 WHITESTONE EXPRESSWAY
CITY-ST-ZIP	WHITESTONE, NY 11357
TITLE	DVPT
NAME	ANDERSSON, HANS
STREET ADDRESS	16-16 WHITESTONE EXPRESSWAY
CITY-ST-ZIP	WHITESTONE, NY 11357
TITLE	DVP
NAME	EASTWOOD, DAVID
STREET ADDRESS	16-16 WHITESTONE EXPRESSWAY
CITY-ST-ZIP	WHITESTONE, NY 11357
TITLE	D
NAME	KOCH, ROBERT W JR
STREET ADDRESS	16-16 WHITESTONE EXPRESSWAY
CITY-ST-ZIP	WHITESTONE, NY 11357
TITLE	PCEO
NAME	MANCINI, SALVATORE
STREET ADDRESS	16-16 WHITESTONE EXPRESSWAY
CITY-ST-ZIP	WHITESTONE, NY 11357
TITLE	DVPT
NAME	MICHAEL LEMBO
STREET ADDRESS	16-16 WHITESTONE EXPRESSWAY
CITY-ST-ZIP	WHITESTONE, NY 11357

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Michael J. Lembo**

**January 22, 2007 718-747-3454**

Date

Daytime Phone #