

# F07000000108

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5926

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## FOREIGN PROFIT/NONPROFIT CORPORATION

CMF Leasing Co.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Submitted during  
40 day Grace  
Period.  
NO Additional  
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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. CMF Leasing Co.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 47-0645401

(FEI number, if applicable)

4. 12/31/2006

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 12/31/2006

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1000 Kiewit Plaza, Omaha, NE 68131

(Principal office address)

SMT06

(Current mailing address)

8. Construction and mining equipment rental and leasing

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida

33324

(Zip code)

10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

C T Corporation System

Sarah B. Ayala  
Assistant Secretary

By: Sarah B. Ayala

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Bruce B. Grewcock

Address: 1000 Kiewit Plaza

Omaha, NE 68131

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS      SEE ATTACHMENT**

President: Bruce E. Grewcock

Address: 1000 Kiewit Plaza

Omaha, NE 68131

Vice President: Michael J. Plechoski

Address: 1000 Kiewit Plaza

Omaha, NE 68131

Secretary: Michael F. Norton

Address: 1000 Kiewit Plaza, Omaha, NE 68131

Treasurer: Stephen S. Thomas

Address: 1000 Kiewit Plaza, Omaha, NE 68131

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. Michael F. Norton, Secretary  
(Typed or printed name and capacity of person signing application)

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ALABAMA, FLORIDA

**Attachment to Florida  
Officers & Directors**

- 1    Full Name:                    Tobin A. Schropp  
     Officer/Director:           Officer  
     Officer's Title:           Vice President  
     Director's Title:  
     Business Address:           1000 Kiewit Plaza  
     City:                       Omaha  
     State:                       NE  
     ZIP Code:                   68131
- 2    Full Name:                   Michael J. Whetstone  
     Officer/Director:           Officer  
     Officer's Title:           Controller  
     Director's Title:  
     Business Address:           1000 Kiewit Plaza  
     City:                       Omaha  
     State:                       NE  
     ZIP Code:                   68131
- 3    Full Name:                   Timothy S. Riley  
     Officer/Director:           Officer  
     Officer's Title:           Assistant Controller  
     Director's Title:  
     Business Address:           1000 Kiewit Plaza  
     City:                       Omaha  
     State:                       NE  
     ZIP Code:                   68131
- 4    Full Name:                   Donald J. Fibich  
     Officer/Director:           Officer  
     Officer's Title:           Assistant Secretary  
     Director's Title:  
     Business Address:           1000 Kiewit Plaza  
     City:                       Omaha  
     State:                       NE  
     ZIP Code:                   68131

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# Delaware

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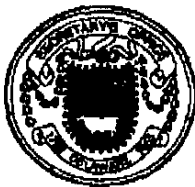
*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CMF LEASING CO." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF JANUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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TALLAHASSEE, FLORIDA

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*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State  
AUTHENTICATION: 5331966

DATE: 01-05-07