SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P05290** **(2)**

1. Corporation Name
KMI CONTINENTAL LAKE CITY, INC.

Principal Place of Business	Mailing Address
1000 KIEWIT PLAZA OMAHA NE 68131	1000 KIEWIT PLAZA OMAHA NE 68131

3. Date Incorporated or Qualified: **03/13/1985**
3a. Date of Last Report: **05/01/1995**

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

4. FEI Number: **06-1120374** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 **FL** 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, type or print name of the 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	P	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JULIAN, ROBERT E		1.2 NAME		
STREET ADDRESS	13537 PARKER ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		1.4 CITY-ST-ZIP		
TITLE	VPS	☐ DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	JOHNSON, MATTHEW J		2.2 NAME	MATTHEW J. JOHNSON	
STREET ADDRESS	1000 KIEWIT PLAZA		2.3 STREET ADDRESS	1000 KIEWIT PLAZA	
CITY-ST-ZIP	OMAHA NE		2.4 CITY-ST-ZIP	OMAHA, NE 68131	
TITLE	AS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ELLINGSON, LEE E		3.2 NAME		
STREET ADDRESS	5336 S 107TH AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	VPS	☐ Change ☒ Addition
NAME			4.2 NAME	KENNETH D. GASKINS	
STREET ADDRESS			4.3 STREET ADDRESS	1000 KIEWIT PLAZA	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	OMAHA, NE 68131	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	RICHARD R. JAROS	
STREET ADDRESS			5.3 STREET ADDRESS	1000 KIEWIT PLAZA	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	OMAHA, NE 68131	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	JAMES E. OKELL	
STREET ADDRESS			6.3 STREET ADDRESS	1000 KIEWIT PLAZA	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	OMAHA, NE 68131	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kenneth D. Gaskins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0191375 EN