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
1000 KIEWIT PLAZA
OMAHA NE 68131

Mailing Address
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 — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 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 _____ Signature (type or print name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	JULIAN, ROBERT E	
STREET ADDRESS	13537 PARKER ST	
CITY-ST-ZIP	OMAHA NE	
TITLE	VPS	☐ DELETE
NAME	JOHNSON, MATTHEW J	
STREET ADDRESS	1000 KIEWIT PLAZA	
CITY-ST-ZIP	OMAHA NE	
TITLE	AS	☐ DELETE
NAME	ELLINGSON, LEE E	
STREET ADDRESS	5336 S 107TH AVE	
CITY-ST-ZIP	OMAHA NE	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P	☒ Change ☐ Addition
2.2 NAME	MATTHEW J. JOHNSON	
2.3 STREET ADDRESS	1000 KIEWIT PLAZA	
2.4 CITY-ST-ZIP	OMAHA, NE 68131	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VPS	☐ Change ☒ Addition
4.2 NAME	KENNETH D. GASKINS	
4.3 STREET ADDRESS	1000 KIEWIT PLAZA	
4.4 CITY-ST-ZIP	OMAHA, NE 68131	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	RICHARD R. JAROS	
5.3 STREET ADDRESS	1000 KIEWIT PLAZA	
5.4 CITY-ST-ZIP	OMAHA, NE 68131	
6.1 TITLE	D	☐ Change ☒ Addition
6.2 NAME	JAMES E. OKELL	
6.3 STREET ADDRESS	1000 KIEWIT PLAZA	
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)(k), 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 607, 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