

1.) CORPORATION NAME:

BECHTEL POWER CORPORATION

DUE DATE: **12/31/2011**

SCC ID NO: **F0259533**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NV

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O TAX DEPT
50 BEALE STREET

CITY/ST/ZIP: SAN FRANCISCO, CA 94105-1813

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARY W QUAZZO	
TITLE:	SECRETARY	
ADDRESS:	50 BEALE STREET	
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-1813	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KIMBERLEY C SCHAFER	
TITLE:	ASST SECRETARY	
ADDRESS:	50 BEALE STREET	
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-1813	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PEGGY H RESTIVO	
TITLE:	ASST. CONTROLLE	
ADDRESS:	50 BEALE STREET	
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-1813	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIAM N DUDLEY, JR.	
TITLE:	DIRECTOR	
ADDRESS:	50 BEALE STREET	
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-1813	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL C BAILEY	
TITLE:	VICE PRESIDENT	
ADDRESS:	50 BEALE ST	
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-1813	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER A DAWSON VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALASDAIR I CATHCART PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	IAN C COPELAND VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GORDON LEE LUSHBAUGH, JR. VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARL W RAU VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN P REILLY VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOBY J SEAY VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD ARMSTRONG VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY R ASHLEY VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN K ATWELL, JR. VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH JEFFRY BRIGHTMAN VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARTYN N DAW VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN K DESHONG VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TED C FEIGENBAUM VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY E GOLDSTEIN VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES A IVANY VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT L KASPER, JR. VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY T MCLAUGHLIN VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RAJAN V PAREKH VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	M. ANETTE SPARKS VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD F SPROAT, III VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARTHUR K STOVER VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUNIL TAKYAR VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LASZLO A VON LAZAR VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK F ZEIGER VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHARON L LYON VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN MCCANN VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. MIKE MCLEMORE VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY W QUAZZO VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT H RUBENSTEIN VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK S SMETHURST VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AHMET TOKPINAR VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN G VEALE VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD E GALLAGHER VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK W VOORHIS VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN C LEADER TREASURER 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GLEN P BROCK ASST SECRETARY 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROL B DUKE ASST SECRETARY 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES M FOLTYN ASST SECRETARY 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELDYNE S PERROU ASST SECRETARY 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NANCY A TAYLOR ASST SECRETARY 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARRY B AICKEN ASST SECRETARY 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. PHIL DYSON ASST SECRETARY 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANE E ORR ASST SECRETARY 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN E ROONEY ASST SECRETARY 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANCIS J GARDNER VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NAR P GOEL VICE PRESIDENT 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL A HAGGERTY ASST SECRETARY 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT F KAIN ASST SECRETARY 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE E MURRAY ASST SECRETARY 50 BEALE STREET SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: JAMES C NYGAARD TITLE: ASST SECRETARY ADDRESS: 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: NELLIE LEE TITLE: ASST TREASURER ADDRESS: 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ PEGGY H RESTIVO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PEGGY H RESTIVO, ASST. CONTROLLE PRINTED NAME AND CORPORATE TITLE	11/29/2011 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.