

1.) CORPORATION NAME:

**BECON CONSTRUCTION COMPANY, INC.**

DUE DATE: **9/30/2010**

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**

SCC ID NO: **F0355422**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,200,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**TX**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 2166

CITY/ST/ZIP: HOUSTON, TX 77252-2166

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.

NAME: J.P. DYSON  
TITLE: PRESIDENT  
ADDRESS: 50 BEALE ST C/O TAX DEPT  
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-

OFFICER  DIRECTOR

NAME: M W QUAZZO  
TITLE: VP/SECRETARY  
ADDRESS: 50 BEALE STREET  
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-

OFFICER  DIRECTOR

NAME: J K DESHONG  
TITLE: P. V. PRESIDENT  
ADDRESS: 50 BEALE STREET  
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-

OFFICER  DIRECTOR

NAME: M C BAILEY  
TITLE: S. V. PRESIDENT  
ADDRESS: 50 BEALE STREET  
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-

OFFICER  DIRECTOR

NAME: P. A. DAWSON  
TITLE: S. V. PRESIDENT  
ADDRESS: 50 BEALE STREET  
C/O TAX DEPT.  
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-

OFFICER  DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	W. N. DUDLEY, JR. DIRECTOR 50 BEALE STREET C/O TAX DEPT. SAN FRANCISCO, CA 94105-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. W. SHANNON S. V. PRESIDENT 50 BEALE STREET C/O TAX DEPT. SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	A. M. SPARKS PVP/CONTROLLER 50 BEALE STREET C/O TAX DEPT. SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R. D. DEATHERAGE VICE PRESIDENT 50 BEALE STREET C/O TAX DEPT. SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	P. R. MCCORACK VICE PRESIDENT 50 BEALE STREET C/O TAX DEPT. SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	M. A. SHULTZ VICE PRESIDENT 50 BEALE STREET C/O TAX DEPT. SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	A. K. STOVER VICE PRESIDENT 50 BEALE STEET C/O TAX DEPT. SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	K. C. LEADER TREASURER 50 BEALE STREET C/O TAX DEPT. SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. R. GODWIN ASST SECRETARY 50 BEALE STREET C/O TAX DEP.T SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	T. L. OLSON ASST SECRETARY 50 BEALE STREET C/O TAX DEPT. SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	E. S. PERROU ASST SECRETARY 50 BEALE STREET C/O TAX DEPT. SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	K. C. SCHAFER PRESIDENT 50 BEALE STREET C/O TAX DEPT. SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	D. ALMEIDA ASST SECRETARY 50 BEALE STREET C/O TAX DEPT. SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	T. M. COOK ASST SECRETARY 50 BEALE STREET C/O TAX DEPT. SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	W. F. FOX, JR. ASST SECRETARY 50 BEALE STREET C/O TAX DEPT. SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	C. M. LONG ASST SECRETARY 50 BEALE STREET C/O TAX DEPT. SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	D. L. POSTMA ASST SECRETARY 50 BEALE STREET C/O TAX DEPT. SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	S. R. VICK ASST SECRETARY 50 BEALE STREET C/O TAX DEPT. SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: E. D. WILLIAMS TITLE: ASST SECRETARY ADDRESS: 50 BEALE STREET C/O TAX DEPT, CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: C. V. WILLIAMSON TITLE: ASST SECRETARY ADDRESS: 50 BEALE STREET C/O TAX DEPT. CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: N. LEE TITLE: ASST TREASURER ADDRESS: 50 BEALE STREET C/O TAX DEPT. CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: P. H. RESTIVO TITLE: ASST CONTROLLER ADDRESS: 50 BEALE STREET C/O TAX DEPT. CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
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.		
<u>/s/ P. H. RESTIVO</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>P. H. RESTIVO, ASST CONTROLLER</u> PRINTED NAME AND CORPORATE TITLE	<u>9/3/2010</u> DATE
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.		