

1.) CORPORATION NAME:

**BECON CONSTRUCTION COMPANY, INC.**

DUE DATE: **9/30/2011**

SCC ID NO: **F0355422**

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 |
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| 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 C BAILEY  
TITLE: VICE PRESIDENT  
ADDRESS: 50 BEALE STREET  
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-

OFFICER  DIRECTOR

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

OFFICER  DIRECTOR

NAME: R. D. DEATHERAGE  
TITLE: VICE PRESIDENT  
ADDRESS: 50 BEALE STREET  
C/O TAX DEPT.  
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-

OFFICER  DIRECTOR

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

OFFICER  DIRECTOR

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

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| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | E. D. WILLIAMS<br>ASST SECRETARY<br>50 BEALE STREET<br>C/O TAX DEPT,<br>SAN FRANCISCO, CA 94105-   | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | C. V. WILLIAMSON<br>ASST SECRETARY<br>50 BEALE STREET<br>C/O TAX DEPT.<br>SAN FRANCISCO, CA 94105- | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | K. C. LEADER<br>TREASURER<br>50 BEALE STREET<br>C/O TAX DEPT.<br>SAN FRANCISCO, CA 94105-          | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | N. LEE<br>ASST TREASURER<br>50 BEALE STREET<br>C/O TAX DEPT.<br>SAN FRANCISCO, CA 94105-           | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | A. M. SPARKS<br>PVP/CONTROLLER<br>50 BEALE STREET<br>C/O TAX DEPT.<br>SAN FRANCISCO, CA 94105-     | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | W. N. DUDLEY, JR.<br>DIRECTOR<br>50 BEALE STREET<br>C/O TAX DEPT.<br>SAN FRANCISCO, CA 94105-      | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | M W QUAZZO<br>VP & SECRETARY<br>50 BEALE STREET<br>SAN FRANCISCO, CA 94105-                        | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | K. C. SCHAFER<br>ASST. SECRETARY<br>50 BEALE STREET<br>C/O TAX DEPT.<br>SAN FRANCISCO, CA 94105-   | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | P. H. RESTIVO<br>ASST CONTROLLER<br>50 BEALE STREET<br>C/O TAX DEPT.<br>SAN FRANCISCO, CA 94105-   | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |

|   |   |
|---|---|
| NAME: C. S. GRESHAM<br>TITLE: ASST SECRETARY<br>ADDRESS: 50 BEALE STREET<br>C/O TAX DEPT.<br>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.

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|---|--|-----------|
| /s/ P. H. RESTIVO                                   | P. H. RESTIVO, ASST                            | 9/14/2011 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | CONTROLLER<br>PRINTED NAME AND CORPORATE TITLE | 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.