

1.) CORPORATION NAME:

BECON CONSTRUCTION COMPANY, INC.

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**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	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	50 BEALE ST C/O TAX DEPT		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	M C BAILEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	50 BEALE STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	R. D. DEATHERAGE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	50 BEALE STREET		
CITY/ST/ZIP/CO:	C/O TAX DEPT. SAN FRANCISCO, CA 94105		
NAME:	J K DESHONG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	P. V. PRESIDENT		
ADDRESS:	50 BEALE STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	P. R. MCCORACK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PVP & A. SEC.		
ADDRESS:	50 BEALE STREET		
CITY/ST/ZIP/CO:	C/O TAX DEPT. SAN FRANCISCO, CA 94105		
NAME:	M W QUAZZO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & SECRETARY		
ADDRESS:	50 BEALE STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		

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:	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:	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:	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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	E. D. WILLIAMS 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. V. WILLIAMSON 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. 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:	N. LEE ASST 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:	P. H. RESTIVO ASST CONTROLLER 50 BEALE STREET C/O TAX DEPT. SAN FRANCISCO, CA 94105	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: K. C. SCHAFER 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: A. M. SPARKS TITLE: PVP/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
NAME: C S RANKIN TITLE: VP/A. SECRETARY ADDRESS: 50 BEALE SRTEET C/O TAX DEPT. CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: M ADAMS TITLE: S. V. PRESIDENT ADDRESS: 50 BEALE SRTEET C/O TAX DEPT. CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: D R BROWER TITLE: ASST SECRETARY ADDRESS: 50 BEALE SRTEET C/O TAX DEPT. CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: C Y OHARA TITLE: ASST SECRETARY ADDRESS: 50 BEALE SRTEET C/O TAX DEPT. CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: D ALMEIDA TITLE: ASST SECRETARY ADDRESS: 50 BEALE SRTEET 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.	
/s/ P. H. RESTIVO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	P. H. RESTIVO, ASST CONTROLLER PRINTED NAME AND CORPORATE TITLE
9/17/2012 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.	