

1.) CORPORATION NAME:

BECON CONSTRUCTION COMPANY, INC.

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

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.

<p>NAME: J.P. DYSON TITLE: PRESIDENT ADDRESS: 5275 WESTVIEW DRIVE CITY/ST/ZIP/CO: FREDERICK, MD 21703</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: M ADAMS TITLE: VICE PRESIDENT ADDRESS: 12011 SUNSET HILLS ROAD SUITE 110 CITY/ST/ZIP/CO: RESTON, VA 20190</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: M C BAILEY TITLE: VICE PRESIDENT ADDRESS: 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: R. D. DEATHERAGE TITLE: VICE PRESIDENT ADDRESS: 2000 POST OAK BLVD. CITY/ST/ZIP/CO: HOUSTON, TX 77056</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: J K DESHONG TITLE: VICE PRESIDENT ADDRESS: 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: M W QUAZZO TITLE: VP & SECRETARY ADDRESS: 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	C S RANKIN VP/A. SECRETARY 3000 POST OAK BLVD. HOUSTON, TX 77056	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	M. A. SHULTZ VICE PRESIDENT 12011 SUNSET HILLS ROAD SUITE 110 RESTON, VA 20190	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	K. 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:	N. LEE ASST TREASURER 50 BEALE STREET SAN FRANCISCO, CA 94105	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	D ALMEIDA ASST SECRETARY 3000 POST OAK BLVD. HOUSTON, TX 77056	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	D R BROWER ASST SECRETARY 3000 POST OAK BLVD. HOUSTON, TX 77056	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	T. L. OLSON 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:	E. 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:	P. H. RESTIVO ASST CONTROLLER 50 BEALE STREET SAN FRANCISCO, CA 94105	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	K. C. SCHAFER 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:	A. M. SPARKS PVP/CONTROLLER 50 BEALE STREET SAN FRANCISCO, CA 94105	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: S. R. VICK TITLE: ASST SECRETARY ADDRESS: 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: E. D. WILLIAMS TITLE: ASST SECRETARY ADDRESS: 5275 WESTVIEW DRIVE CITY/ST/ZIP/CO: FREDERICK, MD 21703	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: C. V. WILLIAMSON TITLE: ASST SECRETARY ADDRESS: 3000 POST OAK BLVD. CITY/ST/ZIP/CO: HOUSTON, TX 77056	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: D PRICE TITLE: VP/A. SECRETARY ADDRESS: 12011 SUNSET HILLS ROAD CITY/ST/ZIP/CO: RESTON, VA 20190	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: T COOK TITLE: ASST SECRETARY ADDRESS: 5275 WESTVIEW DRIVE CITY/ST/ZIP/CO: FREDERICK, MD 21703	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: L DUNN TITLE: ASST SECRETARY ADDRESS: 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: J JOHANSON TITLE: ASST SECRETARY ADDRESS: 5275 WESTVIEW DRIVE CITY/ST/ZIP/CO: FREDERICK, MD 21703	<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
9/6/2013 _____ 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.	