

1.) CORPORATION NAME:

**BECHTEL NATIONAL, INC.**

DUE DATE: **5/31/2011**

SCC ID NO: **F0407215**

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	250,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NV**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 50 BEALE ST  
C/O TAX DEPT

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

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:	DAVID M WALKER	
TITLE:	PRESIDENT	
ADDRESS:	50 BEALE ST	
CITY/ST/ZIP/CO:	SAN FRANCISCO, VA 94105-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARY B MORETON	
TITLE:	SR VP	
ADDRESS:	50 BEALE ST	
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	NELLIE LEE	
TITLE:	ASST TREAS	
ADDRESS:	50 BEALE ST	
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-	

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

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CRAIG M ALBERT	
TITLE:	DIRECTOR	
ADDRESS:	50 BEALE ST	
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER A DAWSON DIRECTOR 50 BEALE ST SAN FRANCISCO, CA 94105-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL C BAILEY DIRECTOR 50 BEALE ST SAN FRANCISCO, CA 94105-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM N DUDLEY, JR DIRECTOR 50 BEALE ST SAN FRANCISCO, CA 94105-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ADRIAN ZACCARIA DIRECTOR 50 BEALE ST SAN FRANCISCO, CA 94105-	<input type="checkbox"/> OFFICER	<input checked="" 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	PEGGY H RESTIVO, ASST CONT	4/6/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.