

SCC eFile

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212516003

1.) CORPORATION NAME:

**BECHTEL NATIONAL, INC.**

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0407215**

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.

NAME:	DAVID M WALKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	50 BEALE ST		
CITY/ST/ZIP/CO:	SAN FRANCISCO, VA 94105		

NAME:	SHAFIK G HADDAD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	50 BEALE ST		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		

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

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

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

NAME:	JAMES R HUMPHRIES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	50 BEALE ST		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		

NAME: PEGGY H RESTIVO TITLE: ASST CONT ADDRESS: 50 BEALE ST CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CRAIG M ALBERT TITLE: DIRECTOR ADDRESS: 50 BEALE ST CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL C BAILEY TITLE: DIRECTOR ADDRESS: 50 BEALE ST CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PETER A DAWSON TITLE: DIRECTOR ADDRESS: 50 BEALE ST CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM N DUDLEY, JR TITLE: DIRECTOR ADDRESS: 50 BEALE ST CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN A MACDONALD TITLE: DIRECTOR ADDRESS: 50 BEALE ST CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105	<input type="checkbox"/> OFFICER	<input checked="" 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/ PEGGY H RESTIVO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PEGGY H RESTIVO, ASST CONT PRINTED NAME AND CORPORATE TITLE	4/30/2012 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.		