

1.) CORPORATION NAME:

BECHTEL NATIONAL, INC.

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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: 12011 SUNSET HILLS ROAD
STE 110

CITY/ST/ZIP: RESTON, VA 20190

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:	CRAIG M ALBERT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12011 SUNSET HILLS ROAD, STE 110		
CITY/ST/ZIP/CO:	RESTON, VA 20190		

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:	ANSHUL MAHESHWARI	<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:	NICOLINA F GROVER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	12011 SUNSET HILLS ROAD, STE 110		
CITY/ST/ZIP/CO:	RESTON, VA 20190		

NAME:	JAMES R HUMPHRIES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	12011 SUNSET HILLS ROAD, STE 110		
CITY/ST/ZIP/CO:	RESTON, VA 20190		

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

NAME: MICHAEL A ADAMS TITLE: DIRECTOR ADDRESS: 12011 SUNSET HILLS ROAD, STE 110 CITY/ST/ZIP/CO: RESTON, VA 20190	<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: WILLIAM N DUDLEY, JR TITLE: DIRECTOR ADDRESS: 12011 SUNSET HILLS ROAD, STE 110 CITY/ST/ZIP/CO: RESTON, VA 20190	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN A MACDONALD TITLE: DIRECTOR ADDRESS: 12011 SUNSET HILLS ROAD, STE 110 CITY/ST/ZIP/CO: RESTON, VA 20190	<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/ JAMES R HUMPHRIES _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES R HUMPHRIES, SECRETARY _____ PRINTED NAME AND CORPORATE TITLE	5/7/2014 _____ 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.		