

1.) CORPORATION NAME:

BECHTEL EQUIPMENT OPERATIONS, INC.

DUE DATE: **9/30/2010**

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

SCC ID NO: **F0519787**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 50 BEALE ST

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: R B HALL
TITLE: PRESIDENT
ADDRESS: 50 BEALES ST
CITY/ST/ZIP/CO: SANFRANCISCO, CA 94105-

OFFICER

DIRECTOR

NAME: K C LEADER
TITLE: TREASURER
ADDRESS: 50 BEALE ST
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-

OFFICER

DIRECTOR

NAME: P A DAWSON
TITLE: S. V. PRESIDENT
ADDRESS: 50 BEALE ST
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-

OFFICER

DIRECTOR

NAME: M. C. BAILEY
TITLE: S. V. PRESIDENT
ADDRESS: 50 BEALE STREET
C/O TAX DEPT,
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-

OFFICER

DIRECTOR

NAME: W. N. DUDLEY, JR.
TITLE: DIRECTOR
ADDRESS: 50 BEALE STREET
C/O TAX DEPT.
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	M W. QUAZZO VP/SECRETARY 50 BEALE ST. SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. E. FUTCHER S. V. 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:	J. W. SHANNON S. V. 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:	J. K. DESHONG P. V. PRESIDENT 590 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:	A M SPARKS PVP/CONTROLLER 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. A. STROCK P. V. 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:	H. E. LIVERMORE 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:	P. R. MCCORMACK 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:	G. P. BROCK ASST SECRETARY 50 BEALE STREET C/O TAX DEPT. SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	J. R. GODWIN		
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:	E. S. PERROU		
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:	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:	N. LEE		
TITLE:	ASST TREASURER		
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:	P. H. RESTIVO		
TITLE:	ASST. CONTROLLE		
ADDRESS:	50 BEALE STEET C/O TAX DEPT.		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-		

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.

<u>/s/ P. H. RESTIVO</u>	<u>P. H. RESTIVO, ASST.</u>	<u>9/7/2010</u>
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.