

1.) CORPORATION NAME:

BECHTEL EQUIPMENT OPERATIONS, INC.

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **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: C/O TAX DEPARTMENT
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: | ROBERT B HALL | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 50 BEALES ST | | |
| CITY/ST/ZIP/CO: | SAN FRANCISCO, CA 94105 | | |

| | | | |
|-----------------|--|---|--|
| NAME: | MICHAEL C. BAILEY | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 50 BEALE STREET | | |
| CITY/ST/ZIP/CO: | C/O TAX DEPT, SAN FRANCISCO, CA 94105 | | |

| | | | |
|-----------------|-------------------------|---|--|
| NAME: | PETER A DAWSON | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 50 BEALE ST | | |
| CITY/ST/ZIP/CO: | SAN FRANCISCO, CA 94105 | | |

| | | | |
|-----------------|--|---|-----------------------------------|
| NAME: | JOHN K. DESHONG | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 590 BEALE STREET | | |
| CITY/ST/ZIP/CO: | C/O TAX DEPT, SAN FRANCISCO, CA 94105 | | |

| | | | |
|-----------------|--|---|-----------------------------------|
| NAME: | H. E. LIVERMORE | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 50 BEALE STREET | | |
| CITY/ST/ZIP/CO: | C/O TAX DEPT. SAN FRANCISCO, CA 94105 | | |

| | | | |
|-----------------|--|---|-----------------------------------|
| NAME: | PETER R. MCCORMACK | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 50 BEALE STREET | | |
| CITY/ST/ZIP/CO: | C/O TAX DEPT. SAN FRANCISCO, CA 94105 | | |

| | |
|---|---|
| NAME: MARY W. QUAZZO TITLE: VICE PRESIDENT ADDRESS: 50 BEALE ST. CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105 | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: ELDYNE S. PERROU TITLE: ASST SECRETARY ADDRESS: 50 BEALE STREET CITY/ST/ZIP/CO: C/O TAX DEPT. SAN FRANCISCO, CA 94105 | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: KIMBERLEY C. SCHAFER TITLE: ASST SECRETARY ADDRESS: 50 BEALE STREET CITY/ST/ZIP/CO: C/O TAX DEPT. SAN FRANCISCO, CA 94105 | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: KEVIN C LEADER TITLE: TREASURER 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 TREASURER ADDRESS: 50 BEALE STREET CITY/ST/ZIP/CO: C/O TAX DEPT. SAN FRANCISCO, CA 94105 | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: PEGGY H. RESTIVO TITLE: ASST.CONTROLLER ADDRESS: 50 BEALE STEET CITY/ST/ZIP/CO: C/O TAX DEPT. SAN FRANCISCO, CA 94105 | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: ANETTE M SPARKS TITLE: PVP/CONTROLLER ADDRESS: 50 BEALE STREET CITY/ST/ZIP/CO: C/O TAX DEPT. SAN FRANCISCO, CA 94105 | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: JIMMY P BETTS TITLE: VICE PRESIDENT ADDRESS: 50 BEALE STREET CITY/ST/ZIP/CO: C/O TAX DEPT. SAN FRANCISCO, CA 94105 | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: DERECK R BROWER TITLE: ASST. SECRETARY ADDRESS: 50 BEALE STREET CITY/ST/ZIP/CO: C/O TAX DEPT. SAN FRANCISCO, CA 94105 | <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/ PEGGY H. RESTIVO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PEGGY H. RESTIVO, ASST.CONTROLLER PRINTED NAME AND CORPORATE TITLE |
| 8/18/2012 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.