

1.) CORPORATION NAME:

BECHTEL EQUIPMENT OPERATIONS, INC.

DUE DATE: **9/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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:	MICHAEL L. DODSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1006 PARK WEST DRIVE		
CITY/ST/ZIP/CO:	SUGAR LAND, TX 77478		

NAME:	MICHAEL A. ADAMS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12011 SUNSET HILLS ROAD		
CITY/ST/ZIP/CO:	SUITE 110 RESTON, VA 20190		

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:	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:	SAN FRANCISCO, CA 94105		

NAME:	ROBERT HALL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1003 PARK WEST DRIVE		
CITY/ST/ZIP/CO:	SUGAR LAND, TX 77478		

NAME:	H. E. LIVERMORE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	137 TELOK AYER STREET		
CITY/ST/ZIP/CO:	SINGAPORE, 06860, SINGAPORE , , FN		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLIFFORD G. MUMM VICE PRESIDENT 12011 SUNSET HILLS ROAD SUITE 110 RESTON, VA 20190	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS W. PRICE VICE PRESIDENT 12011 SUNSET HILLS ROAD RESTON, VA 20190	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY W. QUAZZO VICE PRESIDENT 50 BEALE ST. SAN FRANCISCO, CA 94105	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLIFTON S. RANKIN VICE PRESIDENT 3000 POST OAK BLVD. HOUSTON, TX 77056	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN C LEADER TREASURER 50 BEALE ST SAN FRANCISCO, CA 94105	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NELLIE LEE ASST TREASURER 50 BEALE STREET SAN FRANCISCO, CA 94105	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DERECK R BROWER ASST. SECRETARY 3000 POST OAK BLVD. HOUSTON, TX 77056	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELDYNE S. PERROU ASST SECRETARY 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:	PEGGY H. RESTIVO ASST.CONTROLLER 50 BEALE STEET C/O TAX DEPT. SAN FRANCISCO, CA 94105	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIMBERLEY C. SCHAFER ASST SECRETARY 50 BEALE STREET C/O TAX DEPT. SAN FRANCISCO, CA 94105	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: ANETTE M SPARKS OFFICER DIRECTOR
TITLE: PVP/CONTROLLER
ADDRESS: 50 BEALE STREET
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/ PEGGY H. RESTIVO</u>	<u>PEGGY H. RESTIVO,</u>	<u>9/22/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ASST.CONTROLLER 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.