

1.) CORPORATION NAME:

BECHTEL INFRASTRUCTURE CORPORATION

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**

DUE DATE: **10/29/2010**

SCC ID NO: **F1270539**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

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

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: DONALD W MARSHALL
TITLE: PRESIDENT
ADDRESS: PO BOX 193965
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94119-3965

OFFICER

DIRECTOR

NAME: CAROL B DUKE
TITLE: PR VP /SEC
ADDRESS: P.O. BOX 193965
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-3965

OFFICER

DIRECTOR

NAME: KEVIN C LEADER
TITLE: TREASURER
ADDRESS: PO BOX 193965
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-

OFFICER

DIRECTOR

NAME: PETER A DAWSON
TITLE: DIRECTOR
ADDRESS: 50 BEALE ST
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-

OFFICER

DIRECTOR

NAME: PEGGY H RESTIVO
TITLE: ASST CONTROLLER
ADDRESS: PO BOX 193965
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94119-3965

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL A ADAMS DIRECTOR P.O. BOX 193965 SAN FRANCISCO, CA 94105-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL C BAILEY DIRECTOR P.O. BOX 193965 SAN FRANCISCO, CA 94105-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WALKER S KIMBALL DIRECTOR P.O. BOX 193965 SAN FRANCISCO, CA 94105-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT J OGILVIE DIRECTOR P.O. BOX 193965 SAN FRANCISCO, CA 94105-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	M. ANETTE SPARKS DIRECTOR P.O. BOX 193965 SAN FRANCISCO, CA 94105-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH J COLLINS VICE PRESIDENT P.O. BOX 193965 SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER J DERING VICE PRESIDENT P.O. BOX 193965 SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE B MORSCHAUSER VICE PRESIDENT P.O. BOX 193965 SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MAZIN I AL-MUFTI VICE PRESIDENT P.O. BOX 193965 SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MUKUL BHUSHAN VICE PRESIDENT P.O. BOX 193965 SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY J BRUNETTI VICE PRESIDENT P.O. BOX 193965 SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES W DELL VICE PRESIDENT P.O. BOX 193965 SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES E HARRIS VICE PRESIDENT P.O. BOX 193965 SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK G TURPIN VICE PRESIDENT P.O. BOX 193965 SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN K DESHONG CONTROLLER P.O. BOX 193965 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 P.O. BOX 193965 SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY R ABERNATHY ASST SECRETARY P.O. BOX 193965 SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARRY B AICKEN ASST SECRETARY P.O. BOX 193965 SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRUCE E BITNER ASST SECRETARY P.O. BOX 193965 SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NELLIE LEE ASST TREASURER P.O. BOX 193965 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.

<u>/s/ PEGGY H RESTIVO</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>PEGGY H RESTIVO, ASST CONTROLLER</u> PRINTED NAME AND CORPORATE TITLE	<u>10/19/2010</u> DATE
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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.