

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213547385

1.) CORPORATION NAME:

**BECHTEL INFRASTRUCTURE CORPORATION**

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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: 12011 SUNSET HILLS ROAD  
SUITE 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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GEORGE B MORSCHAUSER	
TITLE:	PRESIDENT	
ADDRESS:	12011 SUNSET HILLS ROAD SUITE 110 RESTON, VA 20190	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MAZIN I AL-MUFTI	
TITLE:	VICE PRESIDENT	
ADDRESS:	300 LAKESIDE DRIVE 17TH FLOOR OAKLAND, CA 94604	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MUKUL BHUSHAN	
TITLE:	VICE PRESIDENT	
ADDRESS:	11 PILGRIM STREET LONDON, EC4V 6RN, GB	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	GABRIELLE S HURLEY	
TITLE:	VP /ASST. SEC	
ADDRESS:	11 PILGRIM STREET LONDON, EC4V 6RN, GB	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KENT E LEWIS	
TITLE:	PR VP /SEC	
ADDRESS:	12011 SUNSET HILLS ROAD SUITE 110 RESTON, VA 20190	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHAEL J LEWIS	
TITLE:	VICE PRESIDENT	
ADDRESS:	48 STREET, NO. 284 AL AZAIBA NORTH, , OM	
CITY/ST/ZIP/CO:		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY L MELTON, JR. VICE PRESIDENT 1595 SPRINGILL ROAD SUITE 600 VIENNA, VA 22182	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RANDY P DENELSBECK ASST. SEC 5275 WESTVIEW DRIVE FREDERICK, MD 21703	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN C LEADER TREASURER 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:	NELLIE LEE ASST TREASURER 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:	GARY R ABERNATHY ASST SECRETARY 100 BROOKES STREET, FORTITUDE VALLEY QUEENSLAND, 4006, AU	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARRY B AICKEN ASST SECRETARY 1595 SPRINGHILL ROAD VIENNA, VA 22182	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY A ALLMAN ASST SECRETARY 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:	BRUCE E BITNER ASST SECRETARY 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:	JOHN K DESHONG 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:	PEGGY H RESTIVO ASST CONTROLLER 50 BEALE STREET 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 C/O TAX DEPT CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MICHAEL A ADAMS TITLE: DIRECTOR ADDRESS: 12011 SUNSET HILLS ROAD SUITE 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 STREET C/O TAX DEPT CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PETER A DAWSON TITLE: DIRECTOR ADDRESS: 11 PILGRIM STREET CITY/ST/ZIP/CO: LONDON, EC4V 6RN, GB	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WALKER S KIMBALL TITLE: DIRECTOR ADDRESS: 11 PILGRIM STREET CITY/ST/ZIP/CO: LONDON, EC4V 6RN, GB	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES W DELL TITLE: PRESIDENT ADDRESS: 12011 SUNSET HILLS ROAD SUITE 110 CITY/ST/ZIP/CO: RESTON, VA 20190	<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
10/11/2013 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.	