

1.) CORPORATION NAME:

BECHTEL PLANT MACHINERY, INC.

DUE DATE: **9/30/2011**

SCC ID NO: **F1394602**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

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: M E STANGO
TITLE: PRESIDENT
ADDRESS: PO BOX 193965
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94119-3965

OFFICER

DIRECTOR

NAME: RAYMOND E. BOYER
TITLE: VICE PRESIDENT
ADDRESS: 50 BEALE STREET
C/O TAX DEPT.
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-

OFFICER

DIRECTOR

NAME: J.R. HUMPHRIES
TITLE: SECRETARY
ADDRESS: PO BOX 193965
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94119-3965

OFFICER

DIRECTOR

NAME: RAYMOND E. BOYER
TITLE: TREASURER
ADDRESS: 50 BEALE STREET
C/O TAX DEPT,
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-

OFFICER

DIRECTOR

NAME: RAYMOND E. BOYER
TITLE: CONTROLLER
ADDRESS: 50 BEALE STREET
C/O TAX DEPT.
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-

OFFICER

DIRECTOR

NAME: SHAFIK G. HADDAD 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: S.P. OGDEN TITLE: DIRECTOR ADDRESS: PO 193965 CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94119-3965	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: M N SMITH TITLE: DIRECTOR ADDRESS: C/O T A CARLSON 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID M. WALKER 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: JOHN W. WOLFE 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: CRAIG M ALBERT TITLE: DIRECTOR ADDRESS: 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL E STANGO TITLE: PRESIDENT ADDRESS: 50 BEALE STREET CITY/ST/ZIP/CO: 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/ SHAFIK G. HADDAD	SHAFIK G. HADDAD, DIRECTOR	8/16/2011
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.