

1.) CORPORATION NAME:

**BECHTEL PLANT MACHINERY, INC.**

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1394602**

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: 3500 TECHNOLOGY DRIVE

CITY/ST/ZIP: MONROEVILLE, PA 15146

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 E STANGO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3500 TECHNOLOGY DRIVE		
CITY/ST/ZIP/CO:	MONROEVILLE, PA 15146		
NAME:	RAYMOND E. BOYER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3500 TECHNOLOGY DRIVE		
CITY/ST/ZIP/CO:	MONROEVILLE, PA 15146		
NAME:	RAYMOND E. BOYER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	3500 TECHNOLOGY DRIVE		
CITY/ST/ZIP/CO:	MONROEVILLE, PA 15146		
NAME:	RAYMOND E. BOYER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CONTROLLER		
ADDRESS:	3500 TECHNOLOGY DRIVE		
CITY/ST/ZIP/CO:	MONROEVILLE, PA 15146		
NAME:	JAMES R HUMPHRIES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	12011 SUNSET HILLS BLVD SUITE 110		
CITY/ST/ZIP/CO:	RESTON, VA 20190		
NAME:	CRAIG M ALBERT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	12011 SUNSET HILLS BLVD SUITE 110		
CITY/ST/ZIP/CO:	RESTON, VA 20190		

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: JOHN P HOWANITZ TITLE: DIRECTOR ADDRESS: 12011 SUNSET HILLS BLVD SUITE 110 CITY/ST/ZIP/CO: RESTON, VA 20190	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MORGAN N SMITH TITLE: DIRECTOR ADDRESS: 3500 TECHNOLOGY DRIVE CITY/ST/ZIP/CO: MONROEVILLE, PA 15146	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DAVID M. WALKER TITLE: DIRECTOR ADDRESS: 12011 SUNSET HILLS BLVD SUITE 110 CITY/ST/ZIP/CO: RESTON, VA 20190	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JOHN W. WOLFE TITLE: DIRECTOR ADDRESS: 3500 TECHNOLOGY DRIVE CITY/ST/ZIP/CO: MONROEVILLE, PA 15146	<input type="checkbox"/> OFFICER <input checked="" 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/ RAYMOND E. BOYER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RAYMOND E. BOYER, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	9/30/2013 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.		