

1.) CORPORATION NAME:

**Bechtel Communications, Inc.**

DUE DATE: **11/30/2011**

SCC ID NO: **F1688946**

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 STREET

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: MARY W. QUAZZO  
TITLE: SECRETARY  
ADDRESS: C/O P.H. RESTIVO  
50 BEALE STREET  
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813

OFFICER

DIRECTOR

NAME: KIMBERLEY C SCHAFFER  
TITLE: ASST SECRETARY  
ADDRESS: C/O P.H. RESTIVO  
50 BEALE STREET  
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813

OFFICER

DIRECTOR

NAME: PEGGY H RESTIVO  
TITLE: ASST CONTROLLER  
ADDRESS: 50 BEALE STREET  
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813

OFFICER

DIRECTOR

NAME: PETER A DAWSON  
TITLE: VICE PRESIDENT  
ADDRESS: C/O P.H. RESTIVO  
50 BEALE STREET  
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813

OFFICER

DIRECTOR

NAME: WILLIAM N DUDLEY, JR.  
TITLE: DIRECTOR  
ADDRESS: C/O P.H. RESTIVO  
50 BEALE STREET  
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813

OFFICER

DIRECTOR

NAME: TOBY J SEAY TITLE: PRESIDENT ADDRESS: C/O P.H. RESTIVO 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MICHAEL C BAILEY TITLE: VICE PRESIDENT ADDRESS: C/O P.H. RESTIVO 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ALASDAIR I CATHCART TITLE: VICE PRESIDENT ADDRESS: C/O P.H. RESTIVO 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DONALD ARMSTRONG TITLE: VICE PRESIDENT ADDRESS: C/O P.H. RESTIVO 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: RICHARD L ASTLEFORD TITLE: VICE PRESIDENT ADDRESS: C/O P.H. RESTIVO 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JOHN K DESHONG TITLE: VICE PRESIDENT ADDRESS: C/O P.H. RESTIVO 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: M. ANETTE SPARKS TITLE: VICE PRESIDENT ADDRESS: C/O P.H. RESTIVO 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: FRANK P CASTRICHINI TITLE: VICE PRESIDENT ADDRESS: C/O P.H. RESTIVO 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: SHARON L LYON TITLE: VICE PRESIDENT ADDRESS: C/O P.H. RESTIVO 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN MCCANN VICE PRESIDENT C/O P.H. RESTIVO 50 BEALE STREET SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT F OSBORNE VICE PRESIDENT C/O P.H. RESTIVO 50 BEALE STREET SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT H RUBENSTEIN VICE PRESIDENT C/O P.H. RESTIVO 50 BEALE STREET SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK S SMETHURST VICE PRESIDENT C/O P.H. RESTIVO 50 BEALE STREET SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN W STROUD VICE PRESIDENT C/O P.H. RESTIVO 50 BEALE STREET SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN C LEADER TREASURER C/O P.H. RESTIVO 50 BEALE STREET SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELDYNE S PERROU ASST SECRETARY C/O P.H. RESTIVO 50 BEALE STREET SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARRY B AICKEN ASST SECRETARY C/O P.H. RESTIVO 50 BEALE STREET SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS ALMEIDA ASST SECRETARY C/O P.H. RESTIVO 50 BEALE STREET SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:                   TIMOTHY M COOK TITLE:                   ASST SECRETARY ADDRESS:               C/O P.H. RESTIVO 50 BEALE STREET CITY/ST/ZIP/CO:       SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME:                   J. PHIL DYSON TITLE:                   ASST SECRETARY ADDRESS:               C/O P.H. RESTIVO 50 BEALE STREET CITY/ST/ZIP/CO:       SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME:                   WILLIAM F FOX, JR. TITLE:                   ASST SECRETARY ADDRESS:               C/O P.H. RESTIVO 50 BEALE STREET CITY/ST/ZIP/CO:       SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME:                   CHRISTOPHER S GRESHAM TITLE:                   ASST SECRETARY ADDRESS:               C/O P.H. RESTIVO 50 BEALE STREET CITY/ST/ZIP/CO:       SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME:                   STEVEN A HARVEY TITLE:                   ASST SECRETARY ADDRESS:               C/O P.H. RESTIVO 50 BEALE STREET CITY/ST/ZIP/CO:       SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME:                   JAMES R JOHANSON TITLE:                   ASST SECRETARY ADDRESS:               C/O P.H. RESTIVO 50 BEALE STREET CITY/ST/ZIP/CO:       SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME:                   JAMES T MAMON TITLE:                   ASST SECRETARY ADDRESS:               C/O P.H. RESTIVO 50 BEALE STREET CITY/ST/ZIP/CO:       SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME:                   GEORGE R MEDEIROS TITLE:                   ASST SECRETARY ADDRESS:               C/O P.H. RESTIVO 50 BEALE STREET CITY/ST/ZIP/CO:       SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME:                   WILLIAM P OLSON TITLE:                   ASST SECRETARY ADDRESS:               C/O P.H. RESTIVO 50 BEALE STREET CITY/ST/ZIP/CO:       SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

NAME: DAVID L POSTMA TITLE: ASST SECRETARY ADDRESS: C/O P.H. RESTIVO 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: STEVE C ROSE TITLE: ASST SECRETARY ADDRESS: C/O P.H. RESTIVO 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MICHAEL E STRADER TITLE: ASST SECRETARY ADDRESS: C/O P.H. RESTIVO 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: SHON R VICK TITLE: ASST SECRETARY ADDRESS: C/O P.H. RESTIVO 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: CLARY V WILLIAMSON TITLE: ASST SECRETARY ADDRESS: C/O P.H. RESTIVO 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ROBERT A YOUNG TITLE: ASST SECRETARY ADDRESS: C/O P.H. RESTIVO 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ROBERT F KAIN TITLE: ASST SECRETARY ADDRESS: C/O P.H. RESTIVO 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: FONG SUN LAI TITLE: ASST SECRETARY ADDRESS: C/O P.H. RESTIVO 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: GEORGE E MURRAY TITLE: ASST SECRETARY ADDRESS: C/O P.H. RESTIVO 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

NAME: MICHAEL J SIMONE TITLE: ASST SECRETARY ADDRESS: C/O P.H. RESTIVO 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: BRUCE S WESTON TITLE: ASST SECRETARY ADDRESS: C/O P.H. RESTIVO 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: NELLIE LEE TITLE: ASST TREASURER ADDRESS: C/O P.H. RESTIVO 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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>	PEGGY H RESTIVO, ASST	<u>11/3/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>CONTROLLER</u> 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.