

1.) CORPORATION NAME:

**Bechtel Communications, Inc.**

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1688946**

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: 5275 WESTVIEW DRIVE

CITY/ST/ZIP: FREDERICK, MD 21703-8306

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.

<p>NAME: DONN W GRIMM TITLE: PRESIDENT ADDRESS: 5275 WESTVIEW DRIVE CITY/ST/ZIP/CO: FREDERICK, MD 21703-8306</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL A ADAMS TITLE: SR VICE PRES ADDRESS: 12011 SUNSET HILLS ROAD SUITE 110 CITY/ST/ZIP/CO: RESTON, VA 20190</p>	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL C BAILEY TITLE: SR VICE PRES ADDRESS: 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813</p>	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: TOBY J SEAY TITLE: SR VICE PRES ADDRESS: 5275 WESTVIEW DRIVE CITY/ST/ZIP/CO: FREDERICK, MD 21703-8306</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JOHN K DESHONG TITLE: PRIN VICE PRES ADDRESS: 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: SHARON L LYON TITLE: VICE PRESIDENT ADDRESS: 5275 WESTVIEW DRIVE CITY/ST/ZIP/CO: FREDERICK, MD 21703-8306</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT F OSBORNE PRIN VICE PRES 5275 WESTVIEW DRIVE FREDERICK, MD 21703-8306	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY W QUAZZO VP & SECRETARY 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 VP & ASST SEC 5275 WESTVIEW DRIVE FREDERICK, MD 21703-8306	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK S SMETHURST PRIN VICE PRES 5275 WESTVIEW DRIVE FREDERICK, MD 21703-8306	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	M. ANETTE SPARKS PVP & CONTROLLE 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 5275 WESTVIEW DRIVE FREDERICK, MD 21703-8306	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN C LEADER PVP & TREASURER 50 BEALE STREET SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NELLIE LEE ASST TREASURER 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 5275 WESTVIEW DRIVE FREDERICK, MD 21703-8306	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS ALMEIDA ASST SECRETARY 5275 WESTVIEW DRIVE FREDERICK, MD 21703-8306	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY M COOK ASST SECRETARY 5275 WESTVIEW DRIVE FREDERICK, MD 21703-8306	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J PHIL DYSON ASST SECRETARY 5275 WESTVIEW DRIVE FREDERICK, MD 21703-8306	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER S GRESHAM ASST SECRETARY 5275 WESTVIEW DRVIE FREDERICK, MD 21703-8306	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN A HARVEY ASST SECRETARY 5275 WESTVIEW DRIVE FREDERICK, MD 21703-8306	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES R JOHANSON ASST SECRETARY 5275 WESTVIEW DRIVE FREDERICK, MD 21703-8306	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT F KAIN ASST SECRETARY 5275 WESTVIEW DRIVE FREDERICK, MD 21703-8306	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FONG SUN LAI ASST SECRETARY 5275 WESTVIEW DRIVE FREDERICK, MD 21703-8306	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES T MAMON ASST SECRETARY 5275 WESTVIEW DRIVE FREDERICK, MD 21703-8306	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE R MEDEIROS ASST SECRETARY 5275 WESTVIEW DRIVE FREDERICK, MD 21703-8306	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE E MURRAY ASST SECRETARY 5275 WESTVIEW DRIVE FREDERICK, MD 21703-8306	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM P OLSON ASST SECRETARY 5275 WESTVIEW DRIVE FREDERICK, MD 21703-8306	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELDYNE S PERROU ASST SECRETARY 50 BEALE STREET SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PEGGY H RESTIVO ASST CONTROLLER 50 BEALE STREET SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVE C ROSE ASST SECRETARY 5275 WESTVIEW DRIVE FREDERICK, MD 21703-8306	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIMBERLEY C SCHAFFER ASST SECRETARY 50 BEALE STREET SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL J SIMONE ASST SECRETARY 5275 WESTVIEW DRIVE FREDERICK, MD 21703-8306	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL E STRADER ASST SECRETARY 5275 WESTVIEW DRIVE FREDERICK, MD 21703-8306	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHON R VICK ASST SECRETARY 5275 WESTVIEW DRIVE FREDERICK, MD 21703-8306	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRUCE S WESTON ASST SECRETARY 5275 WESTVIEW DRIVE FREDERICK, MD 21703-8306	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLARY V WILLIAMSON ASST SECRETARY 5275 WESTVIEW DRIVE FREDERICK, MD 21703-8306	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT A YOUNG 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:	WILLIAM N DUDLEY, JR. DIRECTOR 12011 SUNSET HILLS ROAD SUITE 110 RESTON, VA 20190	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MELISSA A JONES VICE PRESIDENT 5275 WESTVIEW DRIVE FREDERICK, MD 21703-8306	<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>11/21/2013</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.