

1.) CORPORATION NAME:

DUE DATE: **12/30/2010**

**Bechtel Marine Propulsion Corporation**

SCC ID NO: **F1775115**

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 94105-1813

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: JAMES R HUMPHRIES  
TITLE: SECRETARY  
ADDRESS: 50 BEALE ST  
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813

OFFICER

DIRECTOR

NAME: SHAFIK G HADDAD  
TITLE: DIRECTOR  
ADDRESS: 50 BEALE STREET  
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-

OFFICER

DIRECTOR

NAME: SANDRA P OGDEN  
TITLE: DIRECTOR  
ADDRESS: 50 BEALE STREET  
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-

OFFICER

DIRECTOR

NAME: MICHAEL QUINN  
TITLE: DIRECTOR  
ADDRESS: 50 BEALE STREET  
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813

OFFICER

DIRECTOR

NAME: J. SCOTT OGILVIE  
TITLE: DIRECTOR  
ADDRESS: 50 BEALE STREET  
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813

OFFICER

DIRECTOR

NAME: DAVID M. WALKER TITLE: DIRECTOR ADDRESS: 50 BEALE ST. CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SALLY B. HAUGHEY TITLE: VICE PRESIDENT ADDRESS: 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: SALLY B. HAUGHEY TITLE: TREASURER ADDRESS: 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DONALD J. BOYLE TITLE: ASST SECRETARY ADDRESS: 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: KENNETH J. LEONARDI TITLE: ASST SECRETARY ADDRESS: 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MORGAN N. SMITH TITLE: LAB. GEN. MGR ADDRESS: 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JOHN W. WOLFE TITLE: LAB. GEN. MGR. ADDRESS: 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813	<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/ SALLY B. HAUGHEY _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SALLY B. HAUGHEY, VICE PRESIDENT _____ PRINTED NAME AND CORPORATE TITLE
12/3/2010 _____ 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.	