

1.) CORPORATION NAME:

DUE DATE: **12/31/2011**

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: SALLY B. HAUGHEY
TITLE: VICE PRESIDENT
ADDRESS: 50 BEALE STREET
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813

OFFICER DIRECTOR

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

OFFICER DIRECTOR

NAME: DONALD J. BOYLE
TITLE: ASST SECRETARY
ADDRESS: 50 BEALE STREET
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813

OFFICER DIRECTOR

NAME: KENNETH J. LEONARDI
TITLE: ASST SECRETARY
ADDRESS: 50 BEALE STREET
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813

OFFICER DIRECTOR

NAME: SALLY B. HAUGHEY
TITLE: TREASURER
ADDRESS: 50 BEALE STREET
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813

OFFICER 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
NAME: SHAFIK G HADDAD TITLE: DIRECTOR ADDRESS: 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SANDRA P OGDEN 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 QUINN TITLE: DIRECTOR ADDRESS: 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> 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: CRAIG M. ALBERT TITLE: DIRECTOR ADDRESS: 50 BEALE STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-1813	<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/ SALLY B. HAUGHEY _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SALLY B. HAUGHEY, VICE _____ PRESIDENT PRINTED NAME AND CORPORATE TITLE
11/30/2011 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.	