

1.) CORPORATION NAME:

**BECHTEL GROUP, INC.**

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1931841**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	500,000
COMNV	500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 50 BEALE ST

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIAM N DUDLEY JR	
TITLE:	PRES COO	
ADDRESS:	1211 SUNSET HILLS RD STE 110	
CITY/ST/ZIP/CO:	RESTON, VA 20190	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOHN H DESHONG	
TITLE:	PRINCIPAL VP	
ADDRESS:	50 BEALE ST	
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARY W QUAZZO	
TITLE:	VP, SECRETARY	
ADDRESS:	50 BEALE ST	
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KEVIN C LEADER	
TITLE:	PVP, TREASURER	
ADDRESS:	50 BEALE	
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL A ADAMS	
TITLE:	SVP	
ADDRESS:	12011 SUNSET HILLS RD, STE 110	
CITY/ST/ZIP/CO:	RESTON, VA 20190	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL C BAILEY	
TITLE:	SVP	
ADDRESS:	50 BEALE ST	
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105	

NAME:	RILEY P BECHTEL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIR		
ADDRESS:	50 BEALE ST		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	PETER A DAWSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	11 PILGRIM ST		
CITY/ST/ZIP/CO:	ENGLAND LONDON UK,EC4V6,UNITED KINGDOM (GRE , , FN		
NAME:	JOHN E FUTCHER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	3000 POST OAK BLVD		
CITY/ST/ZIP/CO:	HOUSTON, TX 77056		
NAME:	ANDREW C GREIG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	12011 SUNSET HILLS RD, STE 110		
CITY/ST/ZIP/CO:	RESTON, VA 20190		
NAME:	PEGGY H RESTIVO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST. CONTROL		
ADDRESS:	50 BEALE ST		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	KIMBERLEY C SCHAFFER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	50 BEALE		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	STEPHEN D BECHTEL, JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	50 BEALE ST		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	R LEIGH CLIFFORD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	50 BEALE ST		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	ALBERT M CRAIG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12011 SUNSET HILLS RD, SUITE 110		
CITY/ST/ZIP/CO:	RESTON, VA 20190		
NAME:	ALAN M. DACHS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	50 BEALE ST		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	ROBERT L. JOSS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	50 BEALE ST		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		

NAME: JOHN A MACDONALD TITLE: DIRECTOR ADDRESS: 50 BEALE ST CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NICHOLAS G MOORE TITLE: DIRECTOR ADDRESS: 50 BEALE ST CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID J O'REILLY TITLE: DIRECTOR ADDRESS: 50 BEALE ST CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DANIEL J WARMENHOVEN TITLE: DIRECTOR ADDRESS: 50 BEALE ST CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<b>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.</b>		
/s/ PEGGY H RESTIVO _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PEGGY H RESTIVO, ASST. CONTROL _____ PRINTED NAME AND CORPORATE TITLE	6/13/2014 _____ 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.		