

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004646

Entity Name: BECHTEL EPCJOBS, INC.

FILED
Jul 06, 2006
Secretary of State

Current Principal Place of Business:

50 BEALE ST
C/O TAX DEPT
SAN FRANCISCO, CA 94105

New Principal Place of Business:

Current Mailing Address:

50 BEALE ST
C/O TAX DEPT
SAN FRANCISCO, CA 94105

New Mailing Address:

FEI Number: 94-3404113 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CONNIFF, GEORGE E.
Address: 50 BEALE ST.
City-St-Zip: SAN FRANCISCO, CA 94105

Title: C () Delete
Name: SPARKS, ANETTE M
Address: 50 BEALE ST
City-St-Zip: SAN FRANCISCO, CA 94105

Title: D () Delete
Name: BURT, RICHARD M
Address: 50 BEALE ST
City-St-Zip: SAN FRANCISCO, CA 94105

Title: S () Delete
Name: TORRENTE, CAROLYN
Address: 50 BEALE ST
City-St-Zip: SAN FRANCISCO, CA 94105

Title: D () Delete
Name: LASPA, JUDE P
Address: 50 BEALE ST
City-St-Zip: SAN FRANCISCO, CA 94105

Title: AC () Delete
Name: CARLSON, TED
Address: 50 BEALE ST
City-St-Zip: SAN FRANCISCO, CA 94105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DAWSON, PETER A
Address: 50 BEALE ST
City-St-Zip: SAN FRANCISCO, CA 94105

Title: S (X) Change () Addition
Name: MILLER, JUDITH A
Address: 50 BEALE ST
City-St-Zip: SAN FRANCISCO, CA 94105

Title: VP (X) Change () Addition
Name: DESHONG, JOHN K
Address: 50 BEALE ST
City-St-Zip: SAN FRANCISCO, CA 94105

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TED CARLSON

AC

07/06/2006

Electronic Signature of Signing Officer or Director

_____ Date