# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 14, 2003 8:00 am**
**Secretary of State**
04-14-2003 90915 043 ***150.00

DOCUMENT # F01000004646

1. Entity Name
**BECHTEL EPCJOBS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 50 CALIFORNIA STREET, 22ND FLOOR<br>SAN FRANCISCO, CA 94111 | 50 CALIFORNIA STREET, 22ND FLOOR<br>SAN FRANCISCO, CA 94111 |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| c/o TAX DEPT<br>50 BEALE ST. | c/o TAX DEPT.<br>50 BEALE ST. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: SAN FRANCISCO, CA | City & State: SAN FRANCISCO, CA |
| Zip: 94105 Country: U S A | Zip: 94105 Country: U S A |

4. FEI Number: **94-3404113** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CEO<br>MCBRIDE, STUART<br>50 CALIFORNIA STREET<br>SAN FRANCISCO, CA 94111 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT<br>CARL W. TRAU.<br>50 BEALE ST., CA 94105<br>SAN FRANCISCO, CA 94105 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>DOVE, ROBERT W<br>50 CALIFORNIA STREET<br>SAN FRANCISCO, CA 94111 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CONTROLLER<br>ANETTE M. SPARKS<br>50 BEALE ST.<br>SAN FRANCISCO, CA 94105 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>HOARE, RICHARD<br>50 CALIFORNIA STREET<br>SAN FRANCISCO, CA 94111 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>RICHARD M. BURT<br>50 BEALE ST.<br>SAN FRANCISCO, CA 94105 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VS<br>BAILEY, MICHAEL E<br>50 CALIFORNIA STREET<br>SAN FRANCISCO, CA 94111 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SECRETARY<br>CAROLYN TORRENTE<br>50 BEALE ST.<br>SAN FRANCISCO, CA 94105 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VT<br>BURKEY, MARCIA B<br>50 CALIFORNIA STREET<br>SAN FRANCISCO, CA 94111 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>JUDE P. LASPA<br>50 BEALE ST.<br>SAN FRANCISCO, CA 94105 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AC<br>NAPOLIO, WALTER A<br>50 CALIFORNIA STREET<br>SAN FRANCISCO, CA 94111 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ASST. CONTROLLER<br>TED CARLSON<br>50 BEALE ST.<br>SAN FRANCISCO, CA 94105 | ☒ Change ☐ Addition |

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** T. A. CARLSON Assistant Controller (Authorized Officer) 4/3/03 (415) 768-3370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #