

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007763

Entity Name: BECHTEL OIL, GAS AND CHEMICALS, INC.**Current Principal Place of Business:**3000 POST OAK BLVD.
HOUSTON, TX 77056**Current Mailing Address:**50 BEALE STREET
C/O TAX DEPT.
SAN FRANCISCO, CA 94105-1813**FEI Number:** 20-5784069**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	FUTCHER, JOHN E
Address	3000 POST OAK BLVD.
City-State-Zip:	HOUSTON TX 77056

Title	VICE PRESIDENT & SECRETARY
Name	QUAZZO, MARY W
Address	50 BEALE STREET
City-State-Zip:	SAN FRANCISCO CA 94105

Title	ASSISTANT CONTROLLER
Name	RESTIVO, PEGGY H
Address	50 BEALE STREET
City-State-Zip:	SAN FRANCISCO CA 94105

Title	ASSISTANT SECRETARY
Name	SCHAFER, KIMBERLEY C
Address	50 BEALE STREET
City-State-Zip:	SAN FRANCISCO CA 94105

Title	DIRECTOR & SENIOR VICE PRESIDENT
Name	BAILEY, MICHAEL C
Address	50 BEALE STREET
City-State-Zip:	SAN FRANCISCO CA 94105

Title	TREASURER
Name	LEADER, KEVIN C
Address	50 BEALE STREET
City-State-Zip:	SAN FRANCISCO CA 94105

Title	DIRECTOR & SENIOR VICE PRESIDENT
Name	DAWSON, PETER A
Address	50 BEALE STREET
City-State-Zip:	SAN FRANCISCO CA 94105

I hereby 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 all other like empowered.

SIGNATURE: PEGGY H RESTIVOASSISTANT
CONTROLLER

04/15/2015

Electronic Signature of Signing Officer/Director Detail_____
Date