2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State
04-27-2000 90054 042 ***150.00

DOCUMENT # 829037

1. Entity Name

BECHTEL POWER CORPORATION

Principal Place of Business	Mailing Address
50 BEALE STREET SAN FRANCISCO CA 94105	C O TAX DEPT 50 BEALE ST SAN FRANCISCO CA 94105

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 94-2173840 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD BECHTEL, RP 50 BEALE ST SAN FRANCISCO, CA 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ZACCARIA, A 50 BEALE ST SAN FRANCISCO, CA 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP CARTER, JD 50 BEALE ST SAN FRANCISCO, CA 00000 94105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GUNTHER, D. J. 50 BEALE ST SAN FRANCISCO CA 94105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPP MCINTIRE, L.A. 50 BEALE ST. SAN FRANCISCO, CA. 94105	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BECKMAN, A.K. 50 BEALE ST SAN FRANCISCO CA 94105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPCD PROCTOR, G.C. 50 BEALE ST. SAN FRANCISCO, CA. 94105	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPD UNRUH, V. P. 50 BEALE ST SAN FRANCISCO, CA 00000 94105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPSD WOLLEN, W.F. 50 BEALE ST. SAN FRANCISCO, CA. 94105	☒ Change ☐ Addition

CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M.E. Martello (ELECTRONICALLY FILED) **M.E. MARTELLO** **Assistant Controller** (Authorized Officer) 4/13/00 (415)768-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #