2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 829037

Entity Name: BECHTEL POWER CORPORATION

FILED Aug 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 50 BEALE STREET SAN FRANCISCO, CA 94105 **Current Mailing Address: New Mailing Address:** CIO TAX DEPT 50 BEALE ST SAN FRANCISCO, CA 94105 FEI Number: 94-2173840 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition BECHTEL, R P CD Name: Name: C/O TAX DEPARTMENT, 50 BEALE ST Address: Address: City-St-Zip: SAN FRANCISCO, CA 94105 US City-St-Zip: VCD Title: Title: () Delete () Change () Addition ZACCARIA, A VCD Name: Name: C/O TAX DEPARTMENT, 50 BEALE ST Address: Address: SAN FRANCISCO, CA 94105 US City-St-Zip: City-St-Zip: () Delete Title: Title: PD () Change () Addition OGILVIE, J. SCOTT PD Name: Name: C/O TAX DEPARTMENT, 50 BEALE ST Address: Address: SAN FRANCISCO, CA 94105 US City-St-Zip: City-St-Zip: Title: SVP () Delete Title: () Change () Addition GURUN, KATHERINE H SVP Name: Name: Address: C/O TAX DEPARTMENT, 50 BEALE ST Address: City-St-Zip: SAN FRANCISCO, CA 94105 US City-St-Zip: Title: AC Title: () Delete () Change () Addition CARLSON, THEODORE A AC Name: Name: C/O TAX DEPARTMENT, 50 BEALE ST Address: Address: City-St-Zip: SAN FRANCISCO, CA 94105 US City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: VOORHIS, MARK W V C/O TAX DEPARTMENT, 50 BEALE ST Address: Address: City-St-Zip: City-St-Zip: SAN FRANCISCO, CA 94105 US

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: T.A. CARLSON AC 08/28/2006