

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90124 043 ***150.00

DOCUMENT # 829037 1. Entity Name BECHTEL POWER CORPORATION																																																																																																																																																											
Principal Place of Business 50 BEALE STREET SAN FRANCISCO, CA 94105			Mailing Address C/O TAX DEPT 50 BEALE ST SAN FRANCISCO, CA 94105																																																																																																																																																								
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																									
City & State Zip		City & State Zip		Country																																																																																																																																																							
4. FEI Number 94-2173840																																																																																																																																																											
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																																																																											
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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																																																																																																																																																								
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 _____ 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, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">CD BECHTEL, R P CD ☐ Delete</td> <td style="width: 10%; padding: 2px;">☐ Change ☐ Addition</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">C/O TAX DEPARTMENT, 50 BEALE ST</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">NAME</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">SAN FRANCISCO, CA 94105</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">VCD ZACCARIA, A VCD ☐ Delete</td> <td style="padding: 2px;">☐ Change ☐ Addition</td> <td style="padding: 2px;">TITLE</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">C/O TAX DEPARTMENT, 50 BEALE ST</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">NAME</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">SAN FRANCISCO, CA 94105</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">PD OGILVIE, J. SCOTT PD ☐ Delete</td> <td style="padding: 2px;">☒ Change ☐ Addition</td> <td style="padding: 2px;">TITLE</td> <td colspan="2" style="padding: 2px;">STATTON, TIMOTHY D.</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">C/O TAX DEPARTMENT, 50 BEALE ST</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">NAME</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">SAN FRANCISCO, CA 94105</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">SVP CONNIFF, GEORGE E ☐ Delete</td> <td style="padding: 2px;">☐ Change ☐ Addition</td> <td style="padding: 2px;">TITLE</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">C/O TAX DEPARTMENT, 50 BEALE ST</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">NAME</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">SAN FRANCISCO, CA 94105</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">AC CARLSON, THEODORE A AC ☐ Delete</td> <td style="padding: 2px;">☐ Change ☐ Addition</td> <td style="padding: 2px;">TITLE</td> <td colspan="2" style="padding: 2px;">SEE ATTACHED</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">C/O TAX DEPARTMENT, 50 BEALE ST</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">NAME</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">SAN FRANCISCO, CA 94105</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">V VOORHIS, MARK W V ☐ Delete</td> <td style="padding: 2px;">☐ Change ☐ Addition</td> <td style="padding: 2px;">TITLE</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">C/O TAX DEPARTMENT, 50 BEALE ST</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">NAME</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">SAN FRANCISCO, CA 94105</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 2px;"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	CD BECHTEL, R P CD ☐ Delete	☐ Change ☐ Addition	TITLE			NAME	C/O TAX DEPARTMENT, 50 BEALE ST		NAME			STREET ADDRESS	SAN FRANCISCO, CA 94105		STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	VCD ZACCARIA, A VCD ☐ Delete	☐ Change ☐ Addition	TITLE			NAME	C/O TAX DEPARTMENT, 50 BEALE ST		NAME			STREET ADDRESS	SAN FRANCISCO, CA 94105		STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	PD OGILVIE, J. SCOTT PD ☐ Delete	☒ Change ☐ Addition	TITLE	STATTON, TIMOTHY D.		NAME	C/O TAX DEPARTMENT, 50 BEALE ST		NAME			STREET ADDRESS	SAN FRANCISCO, CA 94105		STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	SVP CONNIFF, GEORGE E ☐ Delete	☐ Change ☐ Addition	TITLE			NAME	C/O TAX DEPARTMENT, 50 BEALE ST		NAME			STREET ADDRESS	SAN FRANCISCO, CA 94105		STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	AC CARLSON, THEODORE A AC ☐ Delete	☐ Change ☐ Addition	TITLE	SEE ATTACHED		NAME	C/O TAX DEPARTMENT, 50 BEALE ST		NAME			STREET ADDRESS	SAN FRANCISCO, CA 94105		STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	V VOORHIS, MARK W V ☐ Delete	☐ Change ☐ Addition	TITLE			NAME	C/O TAX DEPARTMENT, 50 BEALE ST		NAME			STREET ADDRESS	SAN FRANCISCO, CA 94105		STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																																																																								
TITLE	CD BECHTEL, R P CD ☐ Delete	☐ Change ☐ Addition	TITLE																																																																																																																																																								
NAME	C/O TAX DEPARTMENT, 50 BEALE ST		NAME																																																																																																																																																								
STREET ADDRESS	SAN FRANCISCO, CA 94105		STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																								
TITLE	VCD ZACCARIA, A VCD ☐ Delete	☐ Change ☐ Addition	TITLE																																																																																																																																																								
NAME	C/O TAX DEPARTMENT, 50 BEALE ST		NAME																																																																																																																																																								
STREET ADDRESS	SAN FRANCISCO, CA 94105		STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																								
TITLE	PD OGILVIE, J. SCOTT PD ☐ Delete	☒ Change ☐ Addition	TITLE	STATTON, TIMOTHY D.																																																																																																																																																							
NAME	C/O TAX DEPARTMENT, 50 BEALE ST		NAME																																																																																																																																																								
STREET ADDRESS	SAN FRANCISCO, CA 94105		STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																								
TITLE	SVP CONNIFF, GEORGE E ☐ Delete	☐ Change ☐ Addition	TITLE																																																																																																																																																								
NAME	C/O TAX DEPARTMENT, 50 BEALE ST		NAME																																																																																																																																																								
STREET ADDRESS	SAN FRANCISCO, CA 94105		STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																								
TITLE	AC CARLSON, THEODORE A AC ☐ Delete	☐ Change ☐ Addition	TITLE	SEE ATTACHED																																																																																																																																																							
NAME	C/O TAX DEPARTMENT, 50 BEALE ST		NAME																																																																																																																																																								
STREET ADDRESS	SAN FRANCISCO, CA 94105		STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																								
TITLE	V VOORHIS, MARK W V ☐ Delete	☐ Change ☐ Addition	TITLE																																																																																																																																																								
NAME	C/O TAX DEPARTMENT, 50 BEALE ST		NAME																																																																																																																																																								
STREET ADDRESS	SAN FRANCISCO, CA 94105		STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																								
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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)																																																																																																																																																								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/22/08 (415) 768-3370 Daytime Phone #																																																																																																																																																								

40092000



04212008 Chg-P CR2E034 (12/06)

4. FEI Number
94-2173840

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

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.

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	CD BECHTEL, R P CD ☐ Delete	☐ Change ☐ Addition	TITLE		
NAME	C/O TAX DEPARTMENT, 50 BEALE ST		NAME		
STREET ADDRESS	SAN FRANCISCO, CA 94105		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VCD ZACCARIA, A VCD ☐ Delete	☐ Change ☐ Addition	TITLE		
NAME	C/O TAX DEPARTMENT, 50 BEALE ST		NAME		
STREET ADDRESS	SAN FRANCISCO, CA 94105		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	PD OGILVIE, J. SCOTT PD ☐ Delete	☒ Change ☐ Addition	TITLE	STATTON, TIMOTHY D.	
NAME	C/O TAX DEPARTMENT, 50 BEALE ST		NAME		
STREET ADDRESS	SAN FRANCISCO, CA 94105		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SVP CONNIFF, GEORGE E ☐ Delete	☐ Change ☐ Addition	TITLE		
NAME	C/O TAX DEPARTMENT, 50 BEALE ST		NAME		
STREET ADDRESS	SAN FRANCISCO, CA 94105		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	AC CARLSON, THEODORE A AC ☐ Delete	☐ Change ☐ Addition	TITLE	SEE ATTACHED	
NAME	C/O TAX DEPARTMENT, 50 BEALE ST		NAME		
STREET ADDRESS	SAN FRANCISCO, CA 94105		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	V VOORHIS, MARK W V ☐ Delete	☐ Change ☐ Addition	TITLE		
NAME	C/O TAX DEPARTMENT, 50 BEALE ST		NAME		
STREET ADDRESS	SAN FRANCISCO, CA 94105		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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)
Date **4/22/08** (415) 768-3370
Daytime Phone #

ATTACHMENT

BECHTEL POWER CORPORATION
FEIN 94-2173840

4/21/2008
12:30 PM**Directors**

BECHTEL, RILEY P.
DAWSON, PETER A.
MILLER, JUDITH A.
STATTON, TIMOTHY D.
ZACCARIA, ADRIAN

Director
Director
Director
Director
Director

40092632
829037

Officers

BECHTEL, RILEY P.
ZACCARIA, ADRIAN
STATTON, TIMOTHY D.
AVIDAN, AMOS A.
CASAMENTO, ROBERT J.
CONNIFF, GEORGE E.
COPELAND, IAN C.
HENSCHER, JIM P.
JACKSON, RICHARD W.
MILLER, JUDITH A.
REINSCH, EARL J.
WILEY, C. MATT
ALBERT, CRAIG M.
ATWELL, JR., JOHN K.
BETTS, JIM P.
BRIGHTMAN, JOSEPH J.
CLIPPER, ROBERT J.
COUSE, ROBERT D.
HARPER, WILLIAM D.
HICKEY, MIKE A.
INDICO, JR., ANTHONY J.
KASPER, JR., ROBERT L.
LIU, EDDY H.
REILLY, BRIAN P.
SURABIAN, MARTIN
VON LAZAR, LASZLO A.
DESHONG, JOHN K.
KARGES, DOUGLAS W.
MCLEMORE, J. MIKE
PATTERSON, TOM M.
TIGHE, CHRISTOPHER M.
TOBLER, RONALD D.
VEALE, STEPHEN G.
ZEIGER, MARK F.
GALLAGHER, RICHARD
NARULA, RAM G.
VOORHIS, MARK W.
QUAZZO, MARY W.
LEADER, KEVIN C.
SPARKS, M. ANETTE
DAW, MARTYN N.
FOLTYN, CHARLES M.
GODWIN, R. JEFFREY
MEIKLE, KRISTIN L.
MURPHY, PAUL M.
SCHAFER, KIMBERLEY C.
TAYLOR, NANCY A.
AICKEN, GARRY B.
DYSON, JOHN P.
ROONEY, KEVIN
ENGEL, WILLIAM J.
GARDNER, FRANCES (FRAN) J.
GOEL, NAR P.
THOMAS, EUGENE W.
LEE, NELLIE
CARLSON, TED A.

Chairman
Vice Chairman
President
Senior Vice President
Senior Vice President
Senior Vice President
Senior Vice President
Senior Vice President
Senior Vice President
Senior Vice President
Senior Vice President
Senior Vice President
Principal Vice President
Principal Vice President
Principal Vice President
Principal Vice President
Principal Vice President
Principal Vice President
Principal Vice President
Principal Vice President
Principal Vice President
Principal Vice President
Principal Vice President
Principal Vice President
Principal Vice President
Vice President
Vice President
Vice President
Vice President
Vice President
Vice President
Vice President (Engineering Lic.)
Vice President (Engineering Lic.)
Vice President (Engineering Lic.)
Secretary
Treasurer
Controller
Assistant Secretary
Assistant Secretary
Assistant Secretary
Assistant Secretary
Assistant Secretary
Assistant Secretary
Assistant Secretary (Construction Lic.)
Assistant Secretary (Construction Lic.)
Assistant Secretary (Construction Lic.)
Assistant Secretary (Engineering Lic.)
Assistant Secretary (Engineering Lic.)
Assistant Secretary (Engineering Lic.)
Assistant Secretary (Engineering Lic.)
Assistant Treasurer
Assistant Controller

COMMUNICATIONS TO ANY OF THE ABOVE DIRECTORS AND OFFICERS MAY BE ADDRESSED
IN c/o T. A. CARLSON AT 50 BEALE STREET, SAN FRANCISCO, CALIFORNIA 94105-1895