

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F96000001886

FILED
Apr 01, 2002 8:00 AM
Secretary of State

Entity Name: BECHTEL PERSONNEL & OPERATIONAL SERVICES, INC.

Current Principal Place of Business:

C/O TAX DEPT
50 BEALE ST
SAN FRANCISCO, CA 941051895 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 193965
SAN FRANCISCO, CA 94119

New Mailing Address:

FEI Number: 94-3215670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: BECHTEL, R P
Address: 50 BEALE ST
City-St-Zip: SAN FRANCISCO, CA

Title: PD () Delete
Name: ZACCARIA, ADRIAN
Address: 50 BEALE ST
City-St-Zip: SAN FRANCISCO, CA

Title: VPCD () Delete
Name: PROCTOR, G C
Address: 50 BEALE ST
City-St-Zip: SAN FRANCISCO, CA

Title: VSD () Delete
Name: WOLLEN, W F
Address: 50 BEALE ST
City-St-Zip: SAN FRANCISCO, CA

Title: EVP () Delete
Name: LASPA, J P
Address: 50 BEALE ST
City-St-Zip: SAN FRANCISCO, CA 94105

Title: AC () Delete
Name: CARLSON, T A
Address: 50 BEALE ST
City-St-Zip: SNA FRANCISCO, CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: EVPD (X) Change () Addition
Name: LASPA, J P
Address: 50 BEALE ST
City-St-Zip: SAN FRANCISCO, CA 94105

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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

04/01/2002

Electronic Signature of Signing Officer or Director

Date