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Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000003030 (1)**

1. Corporation Name

BECHTEL INFRASTRUCTURE CORPORATION

Principal Place of Business

**50 BEALE STREET
C/O TAX DEPT
SAN FRANCISCO CA 94105
US**

Mailing Address

**PO BOX 193965
SAN FRANCISCO CA 94119-3965**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1996

2. Principal Place of Business

21 50 BEALE STREET

Suite, Apt. #, etc.

22 C/O TAX DEPT.

City & State

23 SAN FRANCISCO, CA

Zip

Country

24 94105

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

94-3155230

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	WOOLEN, W F	
STREET ADDRESS	50 BEALE STREET	
CITY-ST-ZIP	SAN FRANCISCO CA	

TITLE	P	<input type="checkbox"/> DELETE
NAME	BELL, W C	
STREET ADDRESS	50 BEALE STREET	
CITY-ST-ZIP	SAN FRANCISCO CA	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CODDARD, K.A.	
STREET ADDRESS	50 BEALE STREET	
CITY-ST-ZIP	SAN FRANCISCO CA	

TITLE	V	<input type="checkbox"/> DELETE
NAME	MASON, RALPH	
STREET ADDRESS	50 BEALE STREET	
CITY-ST-ZIP	SAN FRANCISCO CA	

TITLE	V	<input type="checkbox"/> DELETE
NAME	SPINK, C M	
STREET ADDRESS	50 BEALE STREET	
CITY-ST-ZIP	SAN FRANCISCO CA	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	UNRUH, V P	
STREET ADDRESS	50 BEALE STREET	
CITY-ST-ZIP	SAN FRANCISCO CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WOOLEN, W. F.	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BELL, W. C.	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PROCTOR, G. C.	
3.3 STREET ADDRESS	50 BEALE STREET	
3.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94105	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GUNTHER, D. J.	
4.3 STREET ADDRESS	50 BEALE STREET	
4.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94105	

5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	OSDEN, S. P.	
5.3 STREET ADDRESS	50 BEALE STREET	
5.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94105	

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JOHNSTONE, JR. R. C.	
6.3 STREET ADDRESS	50 BEALE STREET	
6.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94105	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

M. E. Martello

M. E. MARTELLO
Assistant Controller
(Authorized Officer)

3/2/98

(415) 768-3500

CR2E034 (10/97)