

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 09, 2001 08:00 AM**
Secretary of State**DOCUMENT # F96000003030**1. Entity Name
BECHTEL INFRASTRUCTURE CORPORATIONPrincipal Place of Business
50 BEALE STREET
C/O TAX DEPT.
SAN FRANCISCO CA 94105 US
Mailing Address
PO BOX 193965
SAN FRANCISCO CA 9411939652. Principal Place of Business
50 BEALE STREET
3. Mailing Address
PO BOX 193965Suite, Apt. #, etc.
C/O TAX DEPT.
Suite, Apt. #, etc.City & State
SAN FRANCISCO CA
City & State
SAN FRANCISCO CAZip
941051895
Country
US
Zip
941193965
Country
US4. FEI Number
94-3155230
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentC T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324 US**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.

SIGNATURE _____ **04/09/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER JD	
STREET ADDRESS	50 BEALE STREET	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	
TITLE	S	<input type="checkbox"/> Delete
NAME	OGDEN S P	
STREET ADDRESS	50 BEALE STREET	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MCCARTHY T M	
STREET ADDRESS	50 BEALE STREET	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOOTH S W	
STREET ADDRESS	50 BEALE STREET	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RICHARDSON TE	
STREET ADDRESS	50 BEALE STREET	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MCINTIRE L A	
STREET ADDRESS	50 BEALE STREET	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARTER J D		
STREET ADDRESS	50 BEALE STREET		
CITY-ST-ZIP	SAN FRANCISCO CA 941051895		
TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KNOX M S		
STREET ADDRESS	50 BEALE STREET		
CITY-ST-ZIP	SAN FRANCISCO CA 941051895		
TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OGDEN S P		
STREET ADDRESS	50 BEALE STREET		
CITY-ST-ZIP	SAN FRANCISCO CA 941051895		
TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DRAEGER T R		
STREET ADDRESS	50 BEALE STREET		
CITY-ST-ZIP	SAN FRANCISCO CA 941051895		
TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MACDONALD J A		
STREET ADDRESS	50 BEALE STREET		
CITY-ST-ZIP	SAN FRANCISCO CA 941051895		
TITLE	CD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCINTIRE L A		
STREET ADDRESS	50 BEALE STREET		
CITY-ST-ZIP	SAN FRANCISCO CA 941051895		

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.S. KNOX

T

04/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)