

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000177

Entity Name: BECHTEL BETTIS, INC.

FILED
Apr 13, 2005
Secretary of State

Current Principal Place of Business:

50 BEALE STREET
SAN FRANCISCO, CA 94105

New Principal Place of Business:

Current Mailing Address:

C/O TAX DEPARTMENT
50 BEALE STREET
SAN FRANCISCO, CA 94105 US

New Mailing Address:

FEI Number: 94-3257295

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: HASH, SR., T. F
Address: 50 BEALE STREET
City-St-Zip: SAN FRANCISCO, CA 94105

Title: PD () Delete
Name: ROGERS, W. C
Address: 50 BEALE STREET
City-St-Zip: SAN FRANCISCO, CA 94105

Title: VPD () Delete
Name: HADDAD, S. G
Address: 50 BEALE STREET
City-St-Zip: SAN FRANCISCO, CA 94105

Title: SD () Delete
Name: OGDEN, S. P
Address: 50 BEALE STREET
City-St-Zip: SAN FRANCISCO, CA 94105

Title: D () Delete
Name: SMITH, M. N
Address: 50 BEALE STREET
City-St-Zip: SAN FRANCISCO, CA 94105

Title: VP () Delete
Name: HAUGHEY, S. B
Address: 50 BEALE STREET
City-St-Zip: SAN FRANCISCO, CA 94105

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

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: S.G. HADDAD

VPD

04/13/2005

Electronic Signature of Signing Officer or Director

Date