

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90053 012 \*\*\*150.00

**DOCUMENT #** P25585

**1. Entity Name**

BECHTEL ENVIRONMENTAL, INC.

**Principal Place of Business**

50 BEALE STREET  
 C/O TAX DEPT.  
 SAN FRANCISCO, CA  
 94105-1895

**Mailing Address**

P.O. BOX 193965  
 SAN FRANCISCO, CA  
 94119-3965

00056987

**2. Principal Place of Business**

50 BEALE STREET

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C/O TAX DEPT.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

SAN FRANCISCO, CA

**City & State**

**4. FEI Number**

94-2938009

**Applied For**

Not Applicable

**Zip**

94105-1895

**Country**

USA

**Zip**

**Country**

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

**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**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

**TITLE** VP ☒ **Delete**  
**NAME** TRAUTNER, L.J.  
**STREET ADDRESS** 50 BEALE STREET  
**CITY - ST - ZIP** SAN FRANCISCO, CA 94105

**TITLE** CHAIRMAN & DIRECTOR ☒ **Change** ☐ **Addition**  
**NAME** HASH, T.F.  
**STREET ADDRESS** (SAME)  
**CITY - ST - ZIP** (SAME)

**TITLE** D ☐ **Delete**  
**NAME** CARTER, J.D.  
**STREET ADDRESS** 50 BEALE STREET  
**CITY - ST - ZIP** SAN FRANCISCO, CA 94105

**TITLE** PRESIDENT & DIRECTOR ☒ **Change** ☐ **Addition**  
**NAME** NEMEC, J.F.  
**STREET ADDRESS** (SAME)  
**CITY - ST - ZIP** (SAME)

**TITLE** D ☐ **Delete**  
**NAME** OGDEN, S.P.  
**STREET ADDRESS** 50 BEALE STREET  
**CITY - ST - ZIP** SAN FRANCISCO, CA 94105

**TITLE** SECRETARY & DIRECTOR ☒ **Change** ☐ **Addition**  
**NAME** (Title correction only)  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** VP ☐ **Delete**  
**NAME** BARBER, R.B.  
**STREET ADDRESS** 50 BEALE STREET  
**CITY - ST - ZIP** SAN FRANCISCO, CA 94105

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** VP ☒ **Delete**  
**NAME** BENZ, A.B.  
**STREET ADDRESS** 50 BEALE STREET  
**CITY - ST - ZIP** SAN FRANCISCO, CA 94105

**TITLE** TREASURER ☐ **Change** ☐ **Addition**  
**NAME** BOOTH, S.W.  
**STREET ADDRESS** (SAME)  
**CITY - ST - ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:**

*A. Dersheimer*

**A. DERSHEIMER**  
 Assistant Controller

4/27/00

415-564-8069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #