

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 09, 2001 08:00 AM
Secretary of State

DOCUMENT # P25585

1. Entity Name
BECHTEL ENVIRONMENTAL, INC.

Principal Place of Business
50 BEALE STREET
C/O TAX DEPT.
SAN FRANCISCO CA 941051895 US

Mailing Address
P.O. BOX 193965
SAN FRANCISCO CA 941190965 US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 193965
Suite, Apt. #, etc.

City & State
SAN FRANCISCO CA

City & State
SAN FRANCISCO CA

Zip Country
941051895 US

Zip Country
941190965 US

4. FEI Number
94-2938009

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324 US

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) DATE

9. 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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	NEMEC J. F.	
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 ST.	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARBER, RUSSELL B.	
STREET ADDRESS	50 BEALE ST.	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OGDEN S.P.	
STREET ADDRESS	50 BEALE ST.	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER J.D.	
STREET ADDRESS	50 BEALE ST.	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HASH T. F.	
STREET ADDRESS	50 BEALE ST.	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	

TITLE	AC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESHMEIER ANN	
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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENZ A D	
STREET ADDRESS	50 BEALE STREET	
CITY-ST-ZIP	SAN FRANCISCO CA 941041895	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEMEC J F	
STREET ADDRESS	50 BEALE STREET	
CITY-ST-ZIP	SAN FRANCISCO CA 941051895	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASH T F	
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 - TREASURER **T** **04/09/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)