

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90094 039 \*\*\*150.00

DOCUMENT # 858093

1. Entity Name

CALLON PETROLEUM OPERATING COMPANY

Principal Place of Business

200 N. CANAL STREET  
 P. O. BOX 1287  
 NATCHEZ MS 39120  
 US

Mailing Address

200 NORTH CANAL STREET  
 P.O. BOX 1287  
 NATCHEZ MS 39120

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

94-0744280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

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

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

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, 2002 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 CD  
 NAME CALLON, JOHN S.  
 STREET ADDRESS 200 N. CANAL ST.  
 CITY-ST-ZIP NATCHEZ MS ☐ Delete

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

TITLE V  
 NAME CHRISTIAN, DENNIS W.  
 STREET ADDRESS 200 N. CANAL ST.  
 CITY-ST-ZIP NATCHEZ MS ☐ Delete

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

TITLE PD  
 NAME CALLON, FRED L. (SR V)  
 STREET ADDRESS 200 N. CANAL ST.  
 CITY-ST-ZIP NATCHEZ MS ☐ Delete

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

TITLE S  
 NAME MAYFIELD, ROBERT  
 STREET ADDRESS 200 N. CANAL ST.  
 CITY-ST-ZIP NATCHEZ MS 39120 ☐ Delete

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

TITLE VT  
 NAME WEATHERLY, JOHN S.  
 STREET ADDRESS 200 N. CANAL ST.  
 CITY-ST-ZIP NATCHEZ MS ☐ Delete

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

TITLE T  
 NAME SMITH, RODGER  
 STREET ADDRESS 200 N. CANAL ST.  
 CITY-ST-ZIP NATCHEZ MS ☐ Delete

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

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:

*Robert A. Mayfield*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/2002

Date

(601) 442-0510

Daytime Phone #

CR2E034 (9/01)

attachment # 858093 / 611884



## Callon Petroleum Operating Company

200 NORTH CANAL STREET  
P. O. BOX 1287  
NATCHEZ, MISSISSIPPI 39121

TELEPHONE 601/442-1601  
FAX 601/445-8319

**FLORIDA UNIFORM BUSINESS REPORT  
DIVISION OF CORPORATIONS  
P. O. BOX 1500  
TALLAHASSEE FL 32302-1500**

Gentlemen:

We have enclosed the following:

**RETURN: 2002 FLORIDA UNIFORM BUSINESS REPORT**

**COMPANY: CALLON PETROLEUM OPERATING COMPANY #94-0744280**

**AMOUNT: \$150.00**

**CERTIFIED ARTICLE: 7106 4575 1294 0480 3426**

**DATE MAILED: MARCH 15, 2002**

**Certified Article Number**

**7106 4575 1294 0480 3426**

**SENDERS RECORD**

Please acknowledge receipt of these documents by signing the original of this letter in the space provided below and returning it to us in the enclosed envelope.

Sincerely,

Ann Givens  
Tax Department

I hereby acknowledge receipt of the above referenced documents.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date