

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91108 007 ***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 & State

City & 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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Mayfield*

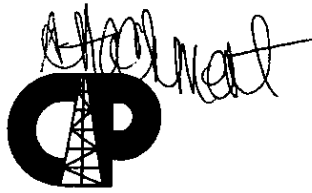
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/03 (601) 442-1601

Date

Daytime Phone #

CR2E034 (10/02)



80058944
#858093

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: 2003 FLORIDA UNIFORM BUSINESS REPORT

COMPANY: CALLON PETROLEUM OPERATING COMPANY #94-0744280

AMOUNT: \$150.00

CERTIFIED ARTICLE: 7106 4575 1294 0479 9477

DATE MAILED: MARCH 13, 2003

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