

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001446

FILED  
Mar 22, 2012  
Secretary of State

Entity Name: CAITHNESS CORPORATION

**Current Principal Place of Business:**

565 FIFTH AVENUE, 29TH FLOOR  
NEW YORK, NY 10017

**New Principal Place of Business:**

**Current Mailing Address:**

565 FIFTH AVENUE, 29TH FLOOR  
NEW YORK, NY 10017

**New Mailing Address:**

FEI Number: 03-0511310      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

**OFFICERS AND DIRECTORS:**

Title: DCCE  
Name: BISHOP, JAMES D  
Address: 565 FIFTH AVENUE, 29TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

Title: DVC  
Name: BISHOP, JAMES D JR  
Address: 565 FIFTH AVENUE, 29TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

Title: DVP  
Name: GOLLAN, BARBARA B  
Address: 565 FIFTH AVENUE, 29TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

Title: SVP  
Name: CASALE, DAVID  
Address: 555 FIFTH AVENUE 29TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

I hereby 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 all other like empowered.

SIGNATURE: DAVID CASALE

SVP

03/22/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date