

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000006856

**FILED**  
**May 01, 2023**  
**Secretary of State**  
**6049750579CC**

**Entity Name:** CALIFORNIA INDEPENDENT SYSTEM OPERATOR CORPORATION

**Current Principal Place of Business:**

250 OUTCROPPING WAY  
FOLSOM, CA 95630

**Current Mailing Address:**

250 OUTCROPPING WAY  
FOLSOM, CA 95630 US

**FEI Number: 94-3274043**

**Certificate of Status Desired: No**

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

GILLCHREST, MELISSA  
4645 NE 159TH PLACE  
CITRA, FL 32113 US

*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

**Officer/Director Detail :**

Title P  
Name MAINZER, ELLIOT  
Address 250 OUTCROPPING WAY  
City-State-Zip: FOLSOM CA 95630

Title VP  
Name SEGHESSIO, RYAN  
Address 250 OUTCROPPING WAY  
City-State-Zip: FOLSOM CA 95630

Title CONTROLLER  
Name WALSH, DENISE  
Address 250 OUTCROPPING WAY  
City-State-Zip: FOLSOM CA 95630

Title ASST CONTROLLER  
Name ESTRADA, DENNIS  
Address 250 OUTCROPPING WAY  
City-State-Zip: FOLSOM CA 95630

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DENNIS ESTRADA**

**ASSISTANT CONTROLLE 05/01/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date