

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 858093

1. Entity Name

CALLON PETROLEUM OPERATING COMPANY

FILED

01 MAY -4 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
200 N. CANAL STREET P. O. BOX 1287 NATCHEZ MS 39120 US		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	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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)

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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLON, JOHN S.	NAME	
STREET ADDRESS	200 N. CANAL ST.	STREET ADDRESS	
CITY-ST-ZIP	NATCHEZ MS	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIAN, DENNIS W.	NAME	500004194695-19
STREET ADDRESS	200 N. CANAL ST.	STREET ADDRESS	-05/11/01 -01006-017
CITY-ST-ZIP	NATCHEZ MS	CITY-ST-ZIP	****550.00 ****550.00
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLON, FRED L. (SR V)	NAME	500004194695-0
STREET ADDRESS	200 N. CANAL ST.	STREET ADDRESS	-05/11/01 -01006-018
CITY-ST-ZIP	NATCHEZ MS	CITY-ST-ZIP	*****8.75 *****8.75
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYFIELD, ROBERT	NAME	
STREET ADDRESS	200 N. CANAL ST.	STREET ADDRESS	
CITY-ST-ZIP	NATCHEZ MS 39120	CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEATHERLY, JOHN S.	NAME	
STREET ADDRESS	200 N. CANAL ST.	STREET ADDRESS	
CITY-ST-ZIP	NATCHEZ MS	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Treasurer
STREET ADDRESS		STREET ADDRESS	Rodger W. Smith
CITY-ST-ZIP		CITY-ST-ZIP	200 N. Canal St. Natchez, MS 39120

13. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated 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 of the corporation or the receiver or trustee empowers me 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 like employment.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/01 (601)442-1601

Date

Daytime Phone #