

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-27-2002 90094 039 ***150.00

UNCLASSIFIED

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 94-0744280		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. 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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHRISTIAN, DENNIS W. 200 N. CANAL ST. NATCHEZ MS <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALLON, FRED L. (SR V) 200 N. CANAL ST. NATCHEZ MS <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAYFIELD, ROBERT 200 N. CANAL ST. NATCHEZ MS 39120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WEATHERLY, JOHN S. 200 N. CANAL ST. NATCHEZ MS <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, RODGER 200 N. CANAL ST. NATCHEZ MS <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED** 3/15/2002 (601) 442-0510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 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