

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

4. FEI Number **94-0744280**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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	<input type="checkbox"/> Delete
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	PD CALLON, FRED L. (SR V) 200 N. CANAL ST. NATCHEZ MS	<input type="checkbox"/> Delete
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	VT WEATHERLY, JOHN S. 200 N. CANAL ST. NATCHEZ MS	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, RODGER 200 N. CANAL ST. NATCHEZ MS	<input type="checkbox"/> Delete

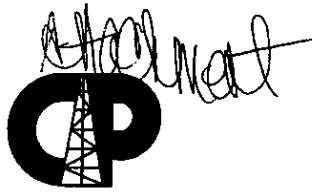
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 U. 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