2002 UNIFORM BUSINESS REPORT (UBR)

FILED F00000003245 DOCUMENT # 2002 APR 16 AM 10: 25 CALPINE EAST FUELS, INC. DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 50 WEST SAN FERNANDO STREET 50 WEST SAN FERNANDO STREET SAN JOSE CA 95113 SAN JOSE CA 95113 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 77-0522835 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **526 EAST PARK AVENUE** TALLAHASSEE FL 32301 City 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, 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 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PCEO** TITLE TITLE ☐ Addition CR2E034 (9/01) ☐ Delete Change NAME CARTWRIGHT, PETER COBD NAME STREET ADDRESS 50 WEST SAN FERNANDO STREET STREET ADDRESS CITY-ST-ZIP SAN JOSE CA 95113 CITY-ST-ZIP VICE CHAIR TITLE **Change EVPS** ☐ Delete TITLE ☐ Addition NAME Curtis, ann B D NAME STREET ADDRESS 50 WEST SAN FERNANDO STREET STREET ADDRESS CITY-ST-7IP CITY-ST-7IP SAN JOSE CA 95113 TITLE **EVP** ☐ Delete TITLE NAME MASON, THOMAS R NAME STREET ADDRESS 50 WEST SAN FERNANDO STREET STREET ADDRESS ***2708.75 ****150.00 see CITY-ST-7IP SAN JOSE CA 95113 CITY-ST-ZIP TITLE SVP ☐ Delete TITLE ☐ Change ☐ Addition NAME ALFF, ROBERT NAME STREET ADDRESS 50 WEST SAN FERNANDO STREET STREET ADDRESS CITY-ST-ZIP SAN JOSE CA 95113 CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition KELLY, ROBERT D NAME STREET ADDRESS 50 WEST SAN FERNANDO STREET STREET ADDRESS CITY-ST-ZIP SAN JOSE CA 95113 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME BARNETT, PAUL NAME STREET ADDRESS 50 WEST SAN FERNANDO STREET STREET ADDRESS CITY-SI-ZIE SAN JOSE CA 95113 CITY-ST-7IP 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered