

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00000003245**

1. Entity Name  
**CALPINE EAST FUELS, INC.**



Principal Place of Business  
**50 WEST SAN FERNANDO STREET  
SAN JOSE, CA 95113**

Mailing Address  
**50 WEST SAN FERNANDO STREET  
SAN JOSE, CA 95113**



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**77-0522835** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**000000154550**  
**05/05/04-80001-018 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CARTWRIGHT, PETER COBD 50 WEST SAN FERNANDO STREET SAN JOSE, CA 95113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC CURTIS, ANN B D 50 WEST SAN FERNANDO STREET SAN JOSE, CA 95113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MASON, THOMAS R 50 WEST SAN FERNANDO STREET SAN JOSE, CA 95113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP ALFF, ROBERT 50 WEST SAN FERNANDO STREET SAN JOSE, CA 95113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP KELLY, ROBERT D 50 WEST SAN FERNANDO STREET SAN JOSE, CA 95113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARNETT, PAUL 50 WEST SAN FERNANDO STREET SAN JOSE, CA 95113

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

**Gustavo Grunbaum, Assistant Secretary**

**4/22/2004**