2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 06, 2005 08:00 AM Secretary of State

| ANNUAL REPURI | | | | | Secretary of State | | | |
|--|---|---|------|--|---|-----------------------|--|-----------------------------|
| DOCUMENT # F00000003245 | | | | | | Seci | retary of s | state |
| CALPINE EAST FÜELS, INC. | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | • | | |
| 50 WEST SAN FERNANDO STREET SAN JOSE, CA 95113 | | 50 WEST SAN FERNANDO STREET SAN JOSE, CA 95113 | | | | | | |
| | | | | | | |)) 41 /1/ 14/1/1 /1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/ | |
| | lace of Business | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #. etc. | | 04252005 | Chg-P | CR2E034 (10/03) | | |
| City & State | | City & State | | | 4. FEI Number 77-0522 | | <u> </u> | oplied For ot Applicable |
| Zip | Country | Zip Cour | | ntry | 5. Certificate o | f Status Desired | S8.75 Ad Fee Require | |
| | 6. Name and Address of Current F | legistered Agent | · | | 7. Name and | Address of New R | legistered Agent | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | | Name | | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | City | | E | □ Zip Coo | le |
| The above named entity submits this statement for the purpose of chariging its registered | | | | ' | ed agent, or both | , in the State of Flo | | ľ |
| the obligations of registered agent. | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent algebraic required when refirstating) DATE | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution. | | | | .00 May Be ed to Fees | | | | |
| 10. | OFFICERS AND L | DIRECTORS | 11. | | ADDITIONS/C | HANGES TO OFF | ICERS AND DIRECTOR | S IN 11 |
| TITLE | PCEO Delete III | | | ſ | | Linnana | ☐ Change | ☐ Addition |
| NAME | | | NAM | I | U00000364357 05/06/05-80037-024 150.00 | | | |
| STREET ADDRESS CITY-ST-ZIP | SAN JOSE, CA 95113 | | | EET ADDRESS '-SY-ZIP | | U5/U5/U5~ | | |
| TITLE | VC | ☐ Delete | TITE | | | | ☐ Change | ☐ Addillon |
| NAME STREET ADDRESS | CURTIS, ANN B D 50 WEST SAN FERNANDO STREET | | | EET ADDRESS | | | | ļ |
| CITY-ST-ZIP | | | | '-SI-ZIP | | | | |
| TITLE | EVP Delete ITIL | | | - | | , | ☐ Change | Addition (|
| NAME STREET ADDRESS | MASON, THOMAS R SS 50 WEST SAN FERNANDO STREET | | | EET ADDRESS | | | | } |
| CITY-ST-ZIP | SAN JOSE, CA 95113 | | | '-ST - ZIP | | | | |
| TITLE | SVP | ☐ Delete | TITL | | • • | • | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS | ALFF, ROBERT 50 WEST SAN FERNANDO STREET 81 | | | ie Eet address | | | | ļ |
| CITY-ST-ZIP | | | | '-ST-ZIP | | | | } |
| TITLE | SVP | ☐ Delete | TITL | E | | | ☐ Change | ☐ Addition |
| NAME | KELLY, ROBERT D | | NAM | | | | | ļ |
| STREET ADDRESS CITY-ST-ZIP | 50 WEST SAN FERNANDO STRE SAN JOSE, CA 95113 | it i | | EET ADDRESS ('-ST-ZIP | | | | ľ |
| TITLE | VP VP | ☐ Delete | TITL | | | | ☐ Change | ☐ Addition |
| NAME | BARNETT, PAUL | | NAM | 1 | | | | } |
| STREET ADDRESS CITY - ST - ZIP | 50 WEST SAN FERNANDO STRE SAN JOSE, CA 95113 | ET | | EET ADDRESS -ST-ZIP | | | | ļ |
| | | | | | | | | |
| 12. I hereby certify that the information supplied with this filling does not quality 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 cath; 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. | | | | | | | | |
| changed, or on an attachment with an address, with all other like empowered | | | | | | | | |