## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## 06-05-2007 90012 033 \*\*\*550.00 DOCUMENT # F00000003245 1. Entity Name CALPINE EAST FUELS, INC. 40119010 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 - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05032007 CR2E034 (12/06) Cha-P Applied For City & State 4 FELNumber City & State 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 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 . 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution Added to Fees Due by September 14, 2007 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PCS President Change Addition TITLE Delete TITLE Robert P. May DAVIDO, SCOTT J. NAME NAME c/o Calpine Corporation C/O CALPHINE CORP., 50 W. SANFERNANDO ST. STREET ADDRESS STREET ADDRESS 50 W.. San Fernando St., San Jose, Ca 95113 CITY-ST-ZIP SAN JOSE, CA 95113 CITY - ST - ZIP CFO7 ☐ Change TITLE ☐ Defete TITLE Vice President and Treasurer Addition CLARK, CHARLES B JR NAME Eric N. Pryor c/o Calpine Corporation STREET ADDRESS C/O CALPHINE CORP., 50 W. SANFERNANDO ST. STREET ADDRESS 50 W. San Fernando St., San Jose, Ca 95113 CITY-ST-ZIP CITY-ST-7IP SAN JOSE, CA 95113 Change ☐ Addition TITLE Delete TITLE NAME FISHMAN, ROBERT E NAME STREET ADDRESS C/O CALPHINE CORP., 50 W. SANFERNANDO ST. STREET ADDRESS SAN JOSE, CA 95113 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE AS ☐ Delete TITLE MURRAY, NANCY NAME NAME STREET ADDRESS C/O CALPHINE CORP., 50 W. SANFERNANDO ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **SAN JOSE, CA 95113** TITLE ☐ Addition TITLE AS ☐ Delete NAME JAAP, CHRISTOPHER NAME C/O CALPHINE CORP., 50 W. SANFERNANDO ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAN JOSE, CA 95113 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

FILED Jun 05, 2007 8:00 am

Secretary of State

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## ATTACHMENT DOCUMENT # F00000003245 1. Entity Name CALPINE EAST FUELS, INC. Principal Place of Business Mailing Address 50 WEST SAN FERNANDO STREET 50 WEST SAN FERNANDO STREET SAN JOSE, CA 95113 SAN JOSE, CA 95113 40119818 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 05032007 Chg-P Applied For City & State City & State 4. FEI Number 77-0522835 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525. City Zip Code FL 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PCS President ★ Addition Change TITLE ■ Delete 10114 Robert P. May DAVIDO, SCOTT J NAME NAME c/o Calpine Corporation C/O CALPHINE CORP., 50 W. SANFERNANDO ST. STREET ADDRESS STREET ADDRESS 50 W. San Fernando St., San Jose, Ca 95113 CITY-ST-ZIP SAN JOSE, CA 95113 CITY - \$1 - ZIP HILE CFO7 Delete TITLE ☐ Change Addition Vice President and Treasurer NAME CLARK, CHARLES B JR NAME Eric N. Pryor C/O CALPHINE CORP., 50 W. SANFERNANDO ST. STREET ADDRESS c/o Calpine Corporation STREET ADDRESS 50 W. San Fernando St., San Jose, Ca 95113 CITY-ST ZIP CITY-ST-ZIP SAN JOSE, CA 95113 VP Delete TITLE ☐ Change ☐ Addition HILLE FISHMAN, ROBERT E MAME HAME STREET ADDRESS C/O CALPHINE CORP., 50 W. SANFERNANDO ST. STREET ADDRESS CITY-ST-ZIP SAN JOSE, CA 95113 CITY-ST-ZIP HILE Delete 11111 ☐ Change Addition AS MURRAY, NANCY NAME NAME C/O CALPHINE CORP., 50 W. SANFERNANDO ST. STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP SAN JOSE, CA 95113 ☐ Change TITLE ☐ Delete THLE ☐ Addition JAAP, CHRISTOPHER NAME NAME C/O CALPHINE CORP., 50 W. SANFERNANDO ST. STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP SAN JOSE, CA 95113 TITLE ☐ Delete TITLE ☐ Change Addition HAME STREET AUDRESS STREET ADDRESS CITY ST ZIP CITY-ST-7IP Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR