

2002 UNIFORM BUSINESS REPORT (UBR)

0616923 AT

DOCUMENT # F00000006908

1. Entity Name
CALPINE EASTERN CORPORATION

FILED
2002 APR 16 AM 10:07
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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 77-0472431 Applied For Not Applicable

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

NRAI SERVICES, INC.
526 EAST PARK AVE.
TALLAHASSEE FL 32301

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PC
NAME CARTWRIGHT, PETER
STREET ADDRESS 50 WEST SAN FERNANDO STREET
CITY-ST-ZIP SAN JOSE CA 95113 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE EVPS
NAME CURTIS, ANN B D
STREET ADDRESS 50 WEST SAN FERNANDO STREET
CITY-ST-ZIP SAN JOSE CA 95113 ☐ Delete

TITLE Vice Chair
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE EVP
NAME MASON, THOMAS R
STREET ADDRESS 50 WEST SAN FERNANDO STREET
CITY-ST-ZIP SAN JOSE CA 95113 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000005309520-8-015
-04/19/02--01067--015
2708.75 **150.00

TITLE SVP
NAME ALFF, ROBERT K
STREET ADDRESS 50 WEST SAN FERNANDO STREET
CITY-ST-ZIP SAN JOSE CA 95113 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SVP
NAME KELLY, ROBERT D
STREET ADDRESS 50 WEST SAN FERNANDO STREET
CITY-ST-ZIP SAN JOSE CA 95113 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME BARNETT, PAUL
STREET ADDRESS 50 WEST SAN FERNANDO STREET
CITY-ST-ZIP SAN JOSE CA 95113 ☐ Delete

TITLE BARNETT, PAUL
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

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

SIGNATURE: SA M. BODENSTEINER 4/11/02 408 995-5165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)