2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT	#	F00000006908
1. Entity Name		

CALPINE EASTERN CORPORATION



Principal Place of Business

Mailing Address

50 WEST SAN FERNANDO STREET SAN JOSE, CA 95113

50 WEST SAN FERNANDO STREET SAN JOSE, CA 95113



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

04252005 CR2E034 (10/03) No Chg-P 4. FEI Number Applied For 77-0472431 Not Applicable

5. Certificate of Status Desired

4/28/05

Daytime Phone #

\$8.75 Additional Fee Required

CORPORATION SERVICE COMPANY

1201 HAYS STREET TALLAHASSEE, FL 32301-2525

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			\$5.00 May Be Added to Fees	1/00000364365 05/06/05-80037-025 150.00		
10.	ÖFFICERS AND DIRE	CTORS _	!		!	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC CARTWRIGHT, PETER 50 WEST SAN FERNADO STREET SAN JOSE, CA 95113					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS CURTIS, ANN B D 50 WEST SAN FERNADO STREET SAN JOSE, CA 95113			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MASON, THOMAS R 50 WEST SAN FERNADO STREET SAN JOSE, CA 95113	- · · · · ·		DO	NOT WRITE	
TITLE NAME STREET ADDRESS C(TY-ST-ZIP	SVP ALFF, ROBERT K 50 WEST SAN FERNADO STREET SAN JOSE, CA 95113			IN [*]	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP KELLY, ROBERT D 50 WEST SAN FERNADO STREET SAN JOSE, CA 95113				- .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARNETTP, PAUL 50 WEST SAN FERNADO STREET SAN JOSE, CA 95113					
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 if changed, or on an attachment with an address, with all other like empowered.						

Yanira Wong

FRINTED NAME OF SIGNING OFFICER OR DIRECTOR