


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2007 8:00 am
Secretary of State

06-05-2007 90012 038 ***550.00

DOCUMENT # F01000001535 1. Entity Name CPN ENERGY SERVICES GP, INC.					
Principal Place of Business C/O CALPINE CORPORATION 50 WEST SAN FERNANDO STREET SAN JOSE, CA 95113			Mailing Address C/O CALPINE CORPORATION 50 WEST SAN FERNANDO STREET SAN JOSE, CA 95113		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 77-0495420	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCS DAVIDO, SCOTT J <input checked="" type="checkbox"/> Delete C/O CALPINE CORP., 50 W. SANFERNANDO ST. SAN JOSE, CA 95113		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robert P. May c/o Calpine Corporation 50 W. San Fernando St., San Jose, Ca 95113	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO <input type="checkbox"/> Delete CLARK, CHARLES B JR C/O CALPINE CORP., 50 W. SANFERNANDO ST. SAN JOSE, CA 95113		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President and Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Eric N. Pryor c/o Calpine Corporation 50 W. San Fernando St., San Jose, Ca 95113	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete FISHMAN, ROBERT E C/O CALPINE CORP., 50 W. SANFERNANDO ST. SAN JOSE, CA 95113		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input type="checkbox"/> Delete MURRAY, NANCY C/O CALPINE CORP., 50 W. SANFERNANDO ST. SAN JOSE, CA 95113		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input type="checkbox"/> Delete JAAP, CHRISTOPHER C/O CALPINE CORP., 50 W. SANFERNANDO ST. SAN JOSE, CA 95113		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			5/11/07 (408) 995-5115 Date Daytime Phone #		

ATTACHMENT

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City & State		City & State	
Zip	Country	Zip	Country
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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFQ CLARK, CHARLES B JR C/O CALPINE CORP., 50 W. SANFERNANDO ST. SAN JOSE, CA 95113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Vice President and Treasurer Eric N. Pryor c/o Calpine Corporation 50 W. San Fernando St., San Jose, Ca 95113 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MURRAY, NANCY C/O CALPINE CORP., 50 W. SANFERNANDO ST. SAN JOSE, CA 95113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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