## **2007 FOR PROFIT CORPORATION**

## Secretary of State ANNUAL REPORT 06-05-2007 90012 038 \*\*\*550.00 DOCUMENT # F01000001535 1. Entity Name CPN ENERGY SERVICES GP. INC. Principal Place of Business Mailing Address C/O CALPINE CORPORATION C/O CALPINE CORPORATION 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) City & State 4. FEI Number Applied For City & State Not Applicable 77-0495420 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution. Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PCS ☐ Change Addition TITLE TITLE President DAVIDO, SCOTT J NAME Robert P. May NAME 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 CHY-ST-7IP CITY-ST-7IP **SAN JOSE, CA 95113** Vice President and Treasurer CFQ7 X Addition TITLE ☐ Delete TIRLE Eric N. Pryor CLARK, CHARLES B JR NAME NAME 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-ZIP SAN JOSE, CA 95113 Delete TITLE ☐ Change Addition TITLE FISHMAN, ROBERT E NAME NAME C/O CALPHINE CORP., 50 W. SANFERNANDO ST. STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **SAN JOSE, CA 95113** Change ☐ Addition TITLE TITLE AS ☐ Defete NAME MURRAY, NANCY NAME C/O CALPHINE CORP., 50 W. SANFERNANDO ST. STREET ADDRESS STREET ADORESS CITY-ST-ZIP SAN JOSE, CA 95113 CITY - ST - ZIP THE ☐ Change ☐ Addition JAAP, CHRISTOPHER NAME NAME C/O CALPHINE CORP., 50 W. SANFERNANDO ST. STREET ADDRESS STREET ADDRESS

12. Thereby 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.

CITY - ST-ZIP

CITY - ST - ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

SAN JOSE, CA 95113

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Addition

FILED Jun 05, 2007 8:00 am

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## ATTACHMENT

ANNUAL KEPUKI				" WALINEM!		
1. Entity Nam-	MENT # F01000001 ergy services gp, inc.	535				
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			40119813	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			05032007 Chg-P CR2E034 (12/06)	
City & State	9	City & State			4. FEI Number Applied For 77-0495420 Not Applicable	
Zip	Country	Zip	Country		Certificate of Status Desired	
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name Street A	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 the obligations of registered agent.						
tile obligat	ine obligations of registered algent.					
SIGNATURE Signature, typed or printed name of registered agent and title of applicable (HOTE Registered Agent signature required when reinstativity)  OATE						
FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 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 C/O CALPHINE CORP., 50 W. S SAN JOSE, CA 95113	💢 Delete ANFERNANDO ST.	TITLE NAME STREET ADDPLSS CITY ST ZIP	Robe c/o 50 W	sident ☐ Change <b>(X)</b> Addition ert P. May Calpine Corporation N. San Fernando St., San Jose, Ca 95113	
TITLE NAME STREET ADORESS CITY-ST-ZIP	CFOT CLARK, CHARLES B JR C/O CALPHINE CORP., 50 W. S SAN JOSE, CA 95113	☐ Delete	HILE NAME STREET ADDRESS CHY ST-ZIP	Eric c/o	President and Treasurer Change <b>K</b> Addition N. Pryor Calpine Corporation J. San Fernando St., San Jose, Ca 95113	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FISHMAN, ROBERT E C/O CALPHINE CORP., 50 W. S SAN JOSE, CA 95113	☐ Delete	HILE HAME STREET ADDRESS CHY ST 7IP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MURRAY, NANCY C/O CALPHINE CORP., 50 W. S SAN JOSE, CA 95113	☐ Delete ANFERNANDO ST.	NAME STREET ADURESS CITY ST ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JAAP, CHRISTOPHER C/O CALPHINE CORP., 50 W. S SAN JOSE, CA 95113	Delete	TITLE MAME STREET ADORESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	HAME STREET ADDRESS CHY ST ZIP		Change [_] Addition	

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SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytine Phone #